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Secretary of State
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44003199

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032344

1. Entity Name
INNERCOM NETWORK MANAGEMENT, LLC

Principal Place of Business	Mailing Address
4100 NE 2ND AVENUE STE. 102 MIAMI, FL 33137	4100 NE 2ND AVENUE STE. 102 MIAMI, FL 33137

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 68-0532801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTH, LEONARDO A ROTH,SOUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD STE. 360 HOLLYWOOD, FL 33021	Name Eduardo Jaulin Street Address (P.O. Box Number is Not Acceptable) 4100 NE 2nd Ave # 102 City MIAMI FL Zip Code 33137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____ Date 04/30/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Make Checks Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAULIN, EDUARDO 3400 HOLLYWOOD BLVD STE. 360 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUAGNINO, GERARDO 3400 HOLLYWOOD BLVD STE. 360 HOLLYWOOD, FL 33021 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment #
44003199
IRS L0200032344

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 68-0532801

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
INNERCOM NETWORK MANAGEMENT, LLC

2 Trade name of business (if different from name on line 1) | 3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
3440 Hollywood Blvd., Ste 360

5a Street address (if different) (Do not enter a P.O. box.)
4100 NE 2nd Avenue, Suite 102

4b City, state, and ZIP code
Hollywood, FL 33021

5b City, state, and ZIP code
Miami, FL 33137

6 County and state where principal business is located
Dade County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Eduardo Jaulin

7b SSN, ITIN, or EIN
Passport #:06903444M

8a Type of entity (check only one box)
- ☐ Sole proprietor (SSN) ___
- ☒ Partnership
- ☐ Corporation (enter form number to be filed) ▶ ___
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ___
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☐ Trust (SSN of grantor) ___
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises
- Group Exemption Number (GEN) ▶ ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State: Florida | Foreign country:

9 Reason for applying (check only one box)
- ☒ Started new business (specify type) ▶ ___
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ___
- ☐ Changed type of organization (specify new type) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ___
- ☐ Created a pension plan (specify type) ▶ ___

10 Date business started or acquired (month, day, year)
DECEMBER 5, 2002

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (month, day, year) . . . . . ▶ n/a

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* . . . . . ▶	Agricultural	Household	Other
	0	0	0

14 Check one box that best describes the principal activity of your business.
- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale–agent/broker
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale–other ☐ Retail
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Telecommunication Management Services

15a Has the applicant ever applied for an employer identification number for this or any other business? . . . . ☐ Yes ☒ No
Note: If "Yes," please complete lines 15b and 15c.

15b If you checked "Yes" on line 15a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

15c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code)

Address and ZIP code | Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code): (954) 3234250

Name and title (type or print clearly) ▶ Eduardo Jaulin, Managing Member

Applicant's fax number (include area code): (954) 3234251

Signature ▶ Date ▶ 12/9/02