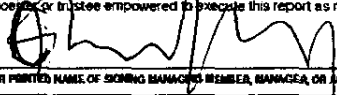


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90694 048 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033677		
1. Entity Name VERIZON INTERNATIONAL TELECOM, LC		
Principal Place of Business 2040 NE 163RD STREET SUITE 303 NORTH MIAMI, FL 33162		Mailing Address 2040 NE 163RD STREET SUITE 303 NORTH MIAMI, FL 33162
2. Principal Place of Business 2812 N.E. 185 ST. Suite, Apt. #, etc. Suite 403 City & State PLANTATION, FL Zip 33180 Country		3. Mailing Address 7401 NW 16TH ST Suite, Apt. #, etc. 108A City & State PLANTATION FL Zip 33313 Country
		4. FEI Number ☐ Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PINTO, BEATRICE 7401 NW 16TH STREET #108A PLANTATION, FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ Signature must be printed name of registered agent and date of signature. (NOTE: Registered Agent signature required within 30 days.)		
		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NORTH AMERICA CHRISTINE POTTINGER 583 N. UNIVERSITY DR. FORT LAUDERDALE FLORIDA 33324	10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF ACCOUNTING BEATRICE PINTO 7401 NW 16 ST #108A PLANTATION, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOHAMMED F. MOHSSA PRESIDENT MIDDLE EAST & ASIA 583 N. UNIVERSITY DR. FORT LAUDERDALE, FLORIDA 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SWITCH ENGINEERING BARIS BALKANLI 583 N. UNIVERSITY DR. FORT LAUDERDALE, FLORIDA 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 606, Florida Statutes. SIGNATURE:  04-29-2003 9546009119 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # CHRISTINE POTTINGER		

CR2E083 (1/02)