
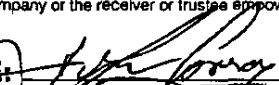


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

08-31-2004 90032010****50.00
FILED L03000021792

2004 OCT 28 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021792			
1. Entity Name INTERNATIONAL TELEKOM, LLC			
Principal Place of Business 1100 NW 163 CT. NORTH MIAMI BEACH, FL 33169		Mailing Address 1100 NW 163 CT. NORTH MIAMI BEACH, FL 33169	
2. Principal Place of Business		3. Mailing Address 806 O'Neal Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Baton Rouge, LA	
Zip	Country	Zip	Country
		70816	
4. FEI Number 20-0045762		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVE. NORTH NAPLES, FL 34102		Name M. Keith Marshall Street Address (P.O. Box Number is Not Acceptable) 18305 Biscayne Blvd., Suite 300 City Aventura, FL 33160	
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	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCHENRY, GARRY 1100 NW 163 CT. NORTH MIAMI BEACH, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y-Tel International, L.L.C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 806 O'Neal Lane Baton Rouge, LA 70816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STADLER, KAI 1100 NW 163 CT. NORTH MIAMI BEACH, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  John Conroy, Treasurer		Date: 9/14/04 Daytime Phone: 235-273-1100	