

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-19-2004 90042 034 ****50.00

DOCUMENT # L03000023754	
1. Entity Name ASTRO INTERNET ACCESS, LLC	

Principal Place of Business 3219 W. SAN JUAN ST., UNIT B TAMPA FL 33629	Mailing Address 3219 W. SAN JUAN ST., UNIT B TAMPA FL 33629
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

34007832

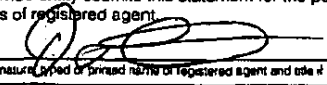


MOORE CR2E083 (11/03)

4. FEI Number 20-0064978	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SULLIVAN, STEPHEN C 315 S. HYDE PARK AVE. TAMPA FL 33606	7. Name and Address of New Registered Agent Name: Dwayne Thornton Street Address (P.O. Box Number is Not Acceptable): 3219 W. San Juan St. Unit B City: Tampa, FL 33629 Zip Code: FL
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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
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE President NAME Dwayne Thornton STREET ADDRESS 3219 W. San Juan St. Unit B CITY-ST-ZIP Tampa, FL 33629	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 	Date	Daytime Phone #
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