2006 LIMITED LIABILITY COMPANY **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM **Secretary of State** DCUMENT # L03000047061 ٤ BELINE TELECOM, LLC P Mailing Address oal Place of Business POST OFFICE BOX 542 PANACEA FL 32346 APPINE DRIVE ACEA FL 32346 ncipal Place of Business 3. Mailing Address 2 e, Apt. #, etc. Suite, Apt. ff, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For v & State 56-2412848 Not Applicat Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALLEY, ERNEST ANDREW 86 TARPINE DRIVE Street Address (P.O. Box Number is Not Acceptable) PANACEA FL 32346 City Zip Code na 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 accer. 8 biligations of registered agent. ٤ DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when remalating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ٤ □As: Title Change | Delete NAME ٨ SALLEY, ERNEST ANDRĖW ADDRESS STREET ADDRESS S 86 TARPINE DRIVE CITY-ST-71P ζ PANACEA FL 32346 Ţ ☐ Delete THE ☐ Chango □ Add NAME ٤ STREET ADDRESS City-St-21P ſ 7 Change [] ACU: TELLE ☐ Delete ı MARK U00000397970 ţ ROURESS STREET ADDRESS 01/30/06-80077-003 50.00 CITY-ST-ZIP 7 ☐ Delete TIME NAME ŧ STREET ADDRESS : ADDRESS (CITY-ST-ZIP (-ZIP Defete TITLE ☐ Change □ A::: NAME TIDERESS STREET ADDRESS CITY-ST-ZIP ţ Delete ☐ A.: TITLE ☐ Change NAME STREET ADDRESS CITY-ST-ZIP

Thereby certily that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 indicated flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE:

1/18/06

850-984-5463