

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030219

FILED  
Jun 29, 2007  
Secretary of State

**Entity Name:** N-TERSECTIONS COMMUNICATIONS GROUP, LLC

**Current Principal Place of Business:**

2726-B VIA MILANO AVE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

5532 GREEN MEADOWS COURT  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 3724  
TALLAHASSEE, FL 32315

**New Mailing Address:**

FEI Number: 52-2443500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GREY, LAKEITHA S  
2726-B VIA MILANO AVE  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

GREY, LAKEITHA S  
5532 GREEN MEADOWS COURT  
TALLAHASSEE, FL 32303      US

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.

SIGNATURE: \_\_\_\_\_

06/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GREY, LAKEITHA S  
Address: 2726-B VIA MILANO AVE  
City-St-Zip: TALLAHASSEE, FL 32303 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: GREY, LAKEITHA S  
Address: 5532 GREEN MEADOWS COURT  
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAKEITHA SHARRON GREY

CEO

06/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date