


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90164 028 \*\*\*\*50.00

<b>DOCUMENT # L04000030652</b>	
1. Entity Name <b>SANSWIRE NETWORKS LLC</b>	

Principal Place of Business <b>3845 PLEASANTDALE ROAD ATLANTA, GA 30340</b>	Mailing Address <b>3845 PLEASANTDALE ROAD ATLANTA, GA 30340</b>
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**20060373**

2. Principal Place of Business <b>9050 Pines Blvd</b> Suite, Apt. #, etc. <b>Suite 110</b> City & State <b>Pembroke Pines, FL</b> Zip <b>33024</b> Country <b>US</b>	3. Mailing Address <b>9050 Pines Blvd.</b> Suite, Apt. #, etc. <b>Suite 110</b> City & State <b>Pembroke Pines, FL</b> Zip <b>33024</b> Country <b>US</b>
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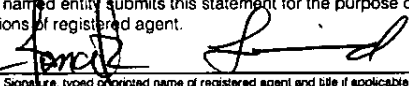


06152005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>050601695</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

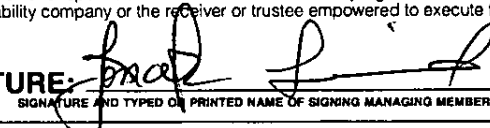
6. Name and Address of Current Registered Agent <b>JONATHAN D. LEINWAND, P.A. 12955 BISCAYNE BLVD. SUITE 402 NORTH MIAMI, FL 33181</b>	
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7. Name and Address of New Registered Agent Name <b>Jonathan Leinwand</b> Street Address (P.O. Box Number is Not Acceptable) <b>9050 Pines Blvd. # Suite 110</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33024</b>	
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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 <b>6/15/05</b>

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GLOBETEL COMMUNICATIONS CORP. 9050 PINES BLVD., SUITE 110 PEMBROKE PINES, FL 33024</b> <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
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: 	DATE <b>6/15/05</b> DAYTIME PHONE # <b>3954-241-0590</b>