

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 26 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000020291

1. Entity Name  
FUSION MYA COMMUNICATIONS, LLC



Principal Place of Business  
1475 W. CYPRESS CREEK RD.  
204  
FORT LAUDERDALE, FL 33309

Mailing Address  
1475 W. CYPRESS CREEK RD.  
204  
FORT LAUDERDALE, FL 33309



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM R. HEITZ, P.A.  
1401 FORUM WAY  
SUITE 201  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Barbara Hughes  
Street Address (P.O. Box Number is Not Acceptable)  
1475 W. CYPRESS CREEK RD.  
SUITE 204  
City FORT LAUDERDALE FL Zip Code 33309

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 Barbara Hughes  
Signature, typed or printed name of registered agent and title if applicable.

Barbara Hughes  
(NOTE: Registered Agent signature required when reinstating)

9-6-07  
DATE

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME FUSION TELECOMMUNICATIONS INTL., INC.  
STREET ADDRESS 1475 W. CYPRESS CREEK RD. Suite 204  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE MGRM ☐ Delete  
NAME MYA TECHNOLOGY, INC.  
STREET ADDRESS 895 W. RAILROAD AVE. Suite B  
CITY-ST-ZIP COTATI, CA 94931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 000110060450  
STREET ADDRESS 09/28/07--01054--008 \*\*50.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Barbara Hughes Barbara Hughes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-6-07 954-331-2423  
Date Daytime Phone #