

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 SEP 26 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000022857

1. Entity Name
FUSION TURKEY, LLC



Principal Place of Business
420 LEXINGTON AVENUE
SUITE 518
NEW YORK, NY 10170

Mailing Address
420 LEXINGTON AVENUE
SUITE 518
NEW YORK, NY 10170

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. FFI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEITZ, WILLIAM R ESQ.
1475 W. CYPRESS CREEK ROAD
SUITE 204
FORT LAUDERDALE, FL 33309

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

Barbara Hughes

9-06-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FUSION TELECOMMUNICATIONS INT'L, INC.
STREET ADDRESS 420 LEXINGTON AVENUE, ~~04518~~
CITY-ST-ZIP NEW YORK, NY 10170

☒ Change ☐ Addition
NAME *420 LEXINGTON Ave., Suite 1718*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME *700110060497*
STREET ADDRESS
CITY-ST-ZIP *03/28/07--01054--009 **50.00*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ 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*

9-06-07

954-331-2423

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

Date

Daytime Phone #