2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000094933

1. Entity Name
IP COMMUNICATION SOLUTIONS, LLC

FILED
Jun 24, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
12851 FOSTER STREET OVERLAND PARK, KS 66213 US	12851 FOSTER STREET OVERLAND PARK, KS 66213 US

06172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3532864

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000008853344
06Z4Z08-80001-004 138.75

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ALEXANDER, J S
STREET ADDRESS	400 CARILLON PARKWAY, SUITE 230
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	MGR
NAME	ALEXANDER, GARY D
STREET ADDRESS	12851 FOSTER
CITY-ST-ZIP	OVERLAND PARK, KS 66213
TITLE	MGR
NAME	ALEXANDER, BETTY J
STREET ADDRESS	12851 FOSTER
CITY-ST-ZIP	OVERLAND PARK, KS 66213
TITLE	MGR
NAME	ALEXANDER, DUNCAN
STREET ADDRESS	12851 FOSTER
CITY-ST-ZIP	OVERLAND PARK, KS 66213
TITLE	MGR
NAME	ALEXANDER, CHRISTOPHER
STREET ADDRESS	12851 FOSTER
CITY-ST-ZIP	OVERLAND PARK, KS 66213
TITLE	MGR
NAME	ALEXANDER, THATCHER
STREET ADDRESS	12851 FOSTER
CITY-ST-ZIP	OVERLAND PARK, KS 66213

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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: X Duncan Alexander 6/18/08 913-307-2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #