


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 26 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|--|------|---------------------------------|------|--------------------------------------|--|----------------|----------------------|--|-----------------|--------------------|--|---|--|-------|--------------------------------|--|------|--|--|----------------|--|--|-----------------|--|--|
| DOCUMENT # L06000056328 1. Entity Name FUSION BAHRAIN, LLC | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 420 LEXINGTON AVENUE SUITE 1718 NEW YORK, NY 10170 | | Mailing Address 420 LEXINGTON AVENUE SUITE 1718 NEW YORK, NY 10170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 420 LEXINGTON AVE Suite, Apt. #, etc. SU 518 City & State NEW YORK, NEW YORK Zip 10170 Country USA | | 3. Mailing Address 420 Lexington Ave Suite, Apt. #, etc. SU 518 City & State NEW YORK, NEW YORK Zip 10170 Country USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 07192007 Chg-LLC CR2E083 (12/06) | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 6. Name and Address of Current Registered Agent HEITZ, WILLIAM R 1475 WEST CYPRESS CREEK ROAD SUITE 204 FORT LAUDERDALE, FL 33309 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent Name BARBARA Hughes Street Address (P.O. Box Number is Not Acceptable) 1475 WEST CYPRESS CREEK ROAD 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 <u><i>Barbara Hughes</i></u> <u><i>Barbara Hughes</i></u> <u><i>9-06-07</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGRM</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FUSION TELECOMMUNICATIONS INT., INC.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>420 LEXINGTON AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NEW YORK, NY 10170</td> <td></td> </tr> </table> | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | FUSION TELECOMMUNICATIONS INT., INC. | | STREET ADDRESS | 420 LEXINGTON AVENUE | | CITY - ST - ZIP | NEW YORK, NY 10170 | | 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">420 Lexington Ave., suite 1718</td> <td style="width:15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | 420 Lexington Ave., suite 1718 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | FUSION TELECOMMUNICATIONS INT., INC. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 420 LEXINGTON AVENUE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | NEW YORK, NY 10170 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | 420 Lexington Ave., suite 1718 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Barbara Hughes</i></u> <u><i>Barbara Hughes</i></u> <u><i>9-06-01</i></u> <u><i>954-331-2423</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |