File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FIFE Secretary of State 1999 DIVISION OF CORPORATIONS 99 HAY -3 PM 1:59 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company SECREMAND STATE TALLAHASSEE, FLORIDA **DOCUMENT # L95000000156** 1a. Principal Place of Business Address NEW LAUDERDALE L.C. P.O. BOX 1665 2455 E SUNRISE BLVD ONE BLUE HILL PLAZA **SUITE 1102** PEARL RIVER NY 10965 FT. LAUDERDALE FL 33304 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/01/1995 FT. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 22-3484642 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zıp Country \$8.75 Additional Fee Required 05/06/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GREENWALD, JAY 2455 E SUNRISE BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 1102 FT LAUDERDALE FL 33304 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent's greature required when reinstitling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code CALLING CARD CO., INC. MGRM | ONE BLUE HILL PLAZA PEARL RIVER NY MGRM NL CORP., ONE BLUE HILL PLAZA PEARL RIVER NY 00|0002868000----05/07/33--01122--020 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido 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 annual 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 received trust empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

INHSE10 R (12-98)

SIGNATURE: