File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS S9 #PR - 7 PM 2: 21 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 195000000471** Principal Place of Business Address VL COMMUNICATIONS, L.C. 113 N. WASHINGTON ST. 1741 GLASTONBEZZY RD #358 POTOMAC MD 20854 ROACKVILLE MD 20850 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 06/20/1995 FLSuite, Apt. #, etc. 4. FEI Number Applied For City & State 65-0589801 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 04/06/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CEIGER, ROBERT S 1428 BRICKELL AVE. Street Address (P.O. Box Number is Not Acceptable) 6TH FLOOR MIAMI FL 33131 Suite, Apt. #, etc. Zip Code City 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. DATE SIGNATURE. (Registered Agent Accepting Appointment). (NOTE: Registered Agest Signature regions have provide egi-City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** KHIZGILOV, VADIM KHIZGLOV, VADIM % 1428 BRICKELL AVE. 6TH F MIAMI FL MEM 1741 GLASTONBEZZY RD POTOMAC MD MEM ZISLIN, MICHAEL 1741 GLASTONBERRY Rd. 4M0002833584~~# -04/03/99---01035---007 ****188.75 ****188.75 11 I do 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 logal 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, and that my name appears in Block 10, or on an attachment with an address.

INHSE10 R (12-98)

SIGNATURE: