2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Jan 07, 2005 08:00 AM **DOCUMENT # L95000000814 Secretary of State** 1. Entity Name ATCOM COMMUNICATIONS, L.C. Mailing Address Principal Place of Business 551 BAY POINT ROAD 551 BAY POINT ROAD MIAMI, FL 33137 MIAMI, FL 33137 01052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0624210 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATLAS, RUSSELL D DO NOT WRITE 551 BAY POINT ROAD MIAMI, FL 33137 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MEM TITLE ATLAS, RUSSELL D NAME 551 BAY POINT ROAD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 MGR TITLE U00000174540 NAME ATLAS, RUSSELL D 01/10/05-80014-018 50.00 STREET ADDRESS 551 BAY POINT ROAD CATY-ST-ZIP MIAMI, FL 33137 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I 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 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: MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE