File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 99 MAR 15 PM 1:57 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 # 196000000832** 1a. Principal Place of Business Address TALSTAR, L.C. 3000 OLSON ROAD 3000 OLSON ROAD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 08/02/1996 FI. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3393442 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zıp S6 75 Additional Fee Required 06/18/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent LEVINSON, ADAM 3000 OLSON ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE __ (Bi-gistered Ages LAccoping App.) Time it in (MOLE, Helpstrand Ages) signature required when in the later, **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers 3000 OLSON ROAD MGRM LEVINSON, ADAM TALLAHASSEE FL MGRM HUBERMAN, GISELA 109 B RIDGELAND ROAD TALLAHASSEE FL MGRM SKING TECHNOLOGIES, L. 3370 CAPITAL CIRCLE, N.E., TALLAHASSEE FL 000002814490---\$ -03/22/99--01158--002 ****188.75 ****188.75 1. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Frorida 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 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. SIGNATURE: Lington English M DORCHBRITE, FTJAME OF GIGNIES MANTAGERS AND MEDICAGE MANTAGER

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