
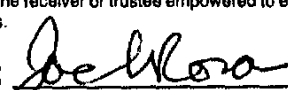


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|--|---------------------------|---|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 MAY -1 AM 10: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company INTERNATIONAL COMMUNICATIONS NETWORKS, I.C. -266 SAND DOLLAR ROAD INDIALANTIC FL 32903- | | DOCUMENT #L96000000929 | | 1a. Principal Place of Business Address 266 SAND DOLLAR ROAD INDIALANTIC FL 32903 | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 2a. Mailing Address P.O. BOX 246 Suite, Apt. #, etc. City & State MELBORNE, FL Zip 32902-0246 | | 3. Date Organized or Qualified 09/03/1996 3b. State of Formation FL 4. FEI Number 59-3401157 5. Date of Last Report | |
| | | | | 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> No Additional Fee Required | |
| 7. Name and Address of Current Registered Agent KANCILIA, JOHN R 1686 W HIBISCUS BLVD MELBORNE FL 32901 | | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200002178202--2 Suite, Apt. #, etc. 05/14/97 01068 003 ***203.75 ***203.75 City FL 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 signature required when renewing) | | | | DATE _____ | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | ROSA, JACK | 266 SAND DOLLAR ROAD | | INDIALANTIC FL | |
| 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 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:  | | JACK ROSA | | 4/1/97 407-773-6400 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date | | Daytime Phone # | |