

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000278</b> 1. Entity Name <b>UNICOM COMMUNICATIONS, L.L.C.</b>					
Principal Place of Business <b>17 SMOKY MOUNTAIN DR.                  FRANKLIN, NC 28734</b>			Mailing Address <b>17 SMOKY MOUNTAIN DR.                  FRANKLIN, NC 28734</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06082006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>65-0733066</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSENTHAL, STUART S ESQ                  555 SW 12TH AVENUE                  SUITE 101                  POMPANO BEACH, FL 33064-3505</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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) DATE _____					
<b>Filing Fee is \$50.00                  Due by September 6, 2006</b>			<b>Make check payable to                  Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, DENNIS		NAME	000000567228	
STREET ADDRESS	3650 CORAL RIDGE DR.		STREET ADDRESS	06/15/06-80002-014 50.00	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOKY MOUNTAIN SYSTEMS, INC.		NAME		
STREET ADDRESS	19 SMOKY MOUNTAIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, NC 28734		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEROKEE LONG DISTANCE, INC.		NAME		
STREET ADDRESS	HWY 19, FRONTIER SHOPPING CENTER		STREET ADDRESS		
CITY-ST-ZIP	CHEROKEE, NC 28719		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOKEY MOUNTAIN INTERNET		NAME		
STREET ADDRESS	17 SMOKY MOUNTAIN DR.		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, NC 28734		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Charles W. DiPascoli</i>			6/8/06		828-369-6067
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>