
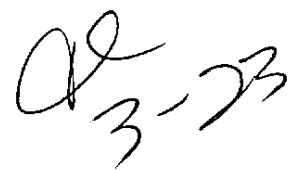


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000346		1a. Principal Place of Business Address	
DOTSTAR COMMUNICATIONS L.C. 6706 NORTH NINTH AVENUE SUITE C-6 PENSACOLA FL 32504				6706 NORTH NINTH AVENUE SUITE C-6 PENSACOLA FL 32504	
2. Principal Place of Business 6706 NORTH NINTH AVENUE Suite, Apt. #, etc. SUITE C-6 City & State PENSACOLA, FL Zip 32504		2a. Mailing Address 6706 NORTH NINTH AVENUE Suite, Apt. #, etc. SUITE C-6 City & State PENSACOLA, FL Zip 32504		3. Date Organized or Qualified 03/21/1997 3a. State of Formation FL 4. FEI Number 59-3438380 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent CRONGEYER, JAMES J 700 BLOUNT BLDG 3 WEST GARDEN STREET PENSACOLA FL 33501		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City			
		500002466835- -03/24/98--01085--005 ****188.75 ****188.75 FL			
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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BLANCHE, NATHAN MR	RUA ESTADOS UNIDOS, 498		SAN PAULO SP BRASIL	
MEM	MR CARLOS EDUARDO TA,	RUA CHARLES SPENCER CHAPLI		MARUMBI SAN PAULO SP	
MGRM	MR. FLAVIO ANDRADE	6706 NORTH NINTH AVENUE, SUITE C-6		PENSACOLA, FL 32504	
					

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/13/98

850 494-2150