


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		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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 NON-PRIME NETWORK, L.C. 8419 121 ST., AVE., N. LARGO FL 33773		DOCUMENT # L97000000447	
2. Principal Place of Business 6543 Grand Bahama DR Suite, Apt. #, etc. Seminole, FL Zip 33777 Country USA		2a. Mailing Address 6543 Grand Bahama DR Suite, Apt. #, etc. Seminole, FL Zip 33777 Country USA	
3. Date Organized or Qualified 04/24/1997		3a. State of Formation FL	
4. FEI Number 59-3441798		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/05/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CAMPUZANO, LUIS 8419 121 ST., AVE., N. LARGO FL 33773		8. Name and Address of New Registered Agent/Office Name CAMPUZANO, LUIS Street Address (P.O. Box Number is Not Acceptable) 6543 Grand Bahama DR Suite, Apt. #, etc. City Seminole Zip Code FL 33777	
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 <i>Luis Campuzano</i> DATE 3-8-99 <small>(Registered Agent Accepting Appointment) (Typed Name of Registered Agent Signature Required when Appointment)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CAMPUZANO, MARTA B SAME	8419 121ST AVE N 6543 Grand Bahama DR	LARGO FL Seminole, FL 33777
600002814596-3 -03/22/99--01157--021 ****188.75 ****188.75 3-19-99			
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: <i>Marta B Campuzano</i> 3-8-99 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER MUST BE SUBMITTED TO THE SECRETARY OF STATE</small>			