

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999			
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 PHOENIX DIRECT COMMUNICATIONS, L.C. 1721 N MILLS AVE ORLANDO FL 32803		DOCUMENT # L97000000662	
2. Principal Place of Business 1036 N. MILLS AVE. Suite, Apt. #, etc. City & State ORLANDO FL Zip 32803 Country ORANGE		2a. Mailing Address 1036 N. MILLS AVE. Suite, Apt. #, etc. City & State ORL. FL Zip 32803 Country ORANGE	
3. Date Organized or Qualified 06/16/1997		3a. State of Formation FL	
4. FEI Number 59-3449589		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 09/04/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent PARKER, GREGORY A 1036 NORTH MILLS AVENUE ORLANDO FL 32803		8. Name and Address of New Registered Agent/Office Name NILESH I. BHAVSAR Street Address (P.O. Box Number is Not Acceptable) 1036 N. MILLS AVE Suite, Apt. #, etc. City ORLANDO FL Zip Code 32803	
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 replacing agent)		DATE 4/27/99	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BHAVSAR, NILESH I	718 CLAYTON ST	ORLANDO FL
MEM	PARKER, GREGORY A	101 SPRING VALLEY LOOP	ALTAMONTE SPRINGS FL
MEM	PLEVEICH, JON D	604 SHERIDAN BLVD	ORLANDO 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: (Signature and typed name of signing managing member or manager)		4/27/99 (402) 228-6678	