LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						FILED 99 MAR 26 AM 10:00				
										FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000208
1. Name of Limi	and Mailing Address led Liability Company	MENT	# L98	30000	00208					
GOLDEN INTERNET, LLC 2401 E. ATLANTIC BLVD., #300 POMPANO BEACH FL 33062						1a. Principal Place of Business Address 2401 E. ATLANTIC BLVD., #300 POMPANO BEACH FL 33062				
2. Principal Place of Business 2a. Mailin			ng Address			3. Date Organize	ed or Qualified	3a. State of I	Formation	
Suite, Apt. #, etc Suite,			Apt. #, etc.			02/18/1998		FL		
			ite			4. FEI Number 65-0814196			Applied For Not Applicable	
Zip Country Zip				Count	·y	5. Date of Last Report		6. Certificate of Status Desired 88.75 Additional Fee Required		
7. Name and Address of Current Registered Ager					8. Name	Name and Address of New Registered Agent/(flice	
BIDD 2401 POMP	Street		Suite, Apt. #, etc	dress (P.O. Box Number is Not Acceptable)						
					City	Zip Code				
its register	nt to the provisions of Sections 608.416 a ed office or registered agent, or both, in the ed agent, and accept the obligations.									
SIGNATU	RE(Registered Agent Accepting	Appundment) (N	DIE Begistered	Agent signature	nuclear when rendering		ATE .			
10 . Title	10. Title Managing Members/Managers			Business Streat Address			City,		State and Zip Code	
MGRM	GLOBAL INTERNET I	NFO,	P.O. BOX 2067 1			ENGLEWOOD CO				
MGRM PERSONAL COMMUNICATION 2401 E. AS SUITE 300										
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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: 15-00-00-00 15-00-00-00 15-00-00-00 15-00-00-00 15-00-00-00 15-00-00-00 15-00-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-00-00 15-0