


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 93 APR 13 PM 1:39 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
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 <b>XLVISION COMMUNICATION, LLC 959 WELLINGTON ROAD WINSTON-SALEM NC 27106</b>		DOCUMENT # <b>L98000000277</b>		1a. Principal Place of Business Address <b>959 WELLINGTON ROAD WINSTON-SALEM NC 27106</b>	
2. Principal Place of Business <b>North Carolina</b>		2a. Mailing Address <b>same</b>		3. Date Organized or Qualified <b>03/06/1998</b>	
Suite, Apt. #, etc. <b>959 Wellington Road</b>		Suite, Apt. #, etc.		3a. State of Formation <b>FL</b>	
City & State <b>Winston-Salem, NC</b>		City & State		4. FEI Number <b>56-2067908</b>	
Zip <b>27106</b>		Country <b>US</b>		5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM % CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <b>100001234567891</b> City <b>FL</b> Zip Code <b>04/22/98 - 01007 - 008</b> <b>****188.75 ****188.75</b>			
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 _____ <small>(Registered Agent, Accounting Agent, Secretary, or Officer)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KELLY, EDWARD W	959 WELLINGTON ROAD		WINSTON-SALEM NC	
MGRM	KELLY, MARK E	959 WELLINGTON ROAD		WINSTON-SALEM NC	
4-16-99					
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>Edward W Kelly as ito</i> 4/9/99					