


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
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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 # L98000001655
DIGITAL.NET, L.L.C.
1129 U.S. HIGHWAY 1, SOUTH
ROCKLEDGE FL 32955

1a. Principal Place of Business Address
1129 U.S. HIGHWAY 1, SOUTH
ROCKLEDGE FL 32955

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
08/31/1998

3a. State of Formation
FL

4. FEI Number
59-3530221

5. Date of Last Report
N/A

6. Certificate of Status Desired
☐ \$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent
TAYLOR, TED
1129 U.S. HIGHWAY 1, SOUTH
ROCKLEDGE FL 32955

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City Zip Code
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 _____)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DIGICOM USA, LLC	208 CAPITOL STREET, SUITE	CHARLESTON WV

4000002859134--
-04/30/99--01131--010
****188.75 ****188.75

[Signature]

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]* 4/18/99 (401) 635-8888