File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Socretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 24 AM 10: 37 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002159 1a. Principal Place of Business Address GOLDEN INTERNET OF NORTH CAROLINA, LLC 2401 E. ATLANTIC BLVD., #300 2401 E. ATLANTIC BLVD., #300 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3s. State of Formation 10/07/1998.... Suite, Apt. #, etc. Suite, Apl #, etc Applied For City & State City & State 65-0867434 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent BIDDISCOMBE, SEAN Street Address (P.O. Box Number is Not Acceptable) 2401 E. ATLANTIC BLVD., #300 POMPANO BEACH FL 33062 Suite, Apt. #, etc. Zip Code 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE _____ DATE (Registered Agent Accepting Appointment). (NOT): Respective Agent signature required when report if our Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM GOLDEN INTERNET, LLC 2401 E. ATLANTIC BLVD., POMPANO BEACH FL SUITE 300 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Fiorida Statutes. If urther 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

IGRANTURE AND TYPE IS OR PRINTED NAME OF SIGNIFF AMANAGERS MIMINER DISMANAGER

SIGNATURE: _