**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 |
|---|---|

| 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   **DOCUMENT #** L98000003300

METRO AREA COMMUNICATIONS, LLC
P.O. BOX 1934
VALRICO FL 33595

**1a.** Principal Place of Business Address

845 BAYSHORE BLVD.
TAMPA FL 33606

| 2 Principal Place of Business | 2a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation |
|---|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc | 12/21/1998 | FL |

**4.** FEI Number  59-3547171  ☐ Applied For  ☐ Not Applicable

| City & State | City & State |
|---|---|
| Zip / Country | Zip / Country |

**5.** Date of Last Report

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

| 7. Name and Address of Current Registered Agent | 8. Name and Address of New Registered Agent/Office |
|---|---|
| CHADWELL, LARRY E 2409 CEDARCREST PLACE VALRICO FL 33594 | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt #, etc _____ City _____  FL  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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ *Larry Chadwell Jr.* (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)   DATE 2/23/99

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|---|---|---|---|
| MGRM | CHADWELL, LARRY E JR. | 2409 CEDARCREST PLACE | VALRICO FL |
| MGRM | CHADWELL, LARRY E | 2425 VALRICO FOREST DRIVE | VALRICO FL |
| MGRM | NORRIS, JEFFREY A | 2213 VALRICO FOREST DRIVE | VALRICO 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:** _____ *Jeffrey A. Norris* (Signature and typed or printed name of signing manager or member or receiver or trustee)   2/22/99  8132588853 (Date) (Daytime Phone #)

INHSE10 R (12-98)