CR2E083 (11/00)

200	1 UNIFORM BUSI	NESS REPO	RT (UBR	R)	• •		
DOCUMENT # L9900006624 1. Entity Name MP TELECOMMUNICATIONS GROUP, LLC				i st t	$T_T^{\frac{m}{2}}$		
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Principal Plac	co of Rusinger	Mailing Address 12236		01 JUN 28	M 8 47	i	
+17248 GULF PINE CIRCLE* 17248 GULF PINE CIRCLE*			- 300	ALL/HASSE	OF STATE		
WELLINGTON	N FL 33414	WELLINGTON FL 33414	1	ALLAHASSE	E, FLORIDA	•	
2. Principal Place of Business 12230 Forest Hu Byo SAM		3. Mailing Address		I	I U BI I U BI U BI U BI	INT ADDITE BUTTU DANTE BUTTU DIN	10 1/0/1 0101 /801
		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
City & Sta	te	City & State		4. FEI N	imber of oor 4450	1 1	Applied For
Zip	COUNTRY COUNTRY	Zip	Country	-	65-0954150		ot Applicable
334	usa usa		Codility		cate of Status Desired	S \$5.00 A	ed
	6. Name and Address of Current F	Registered Agent	Name	7 Name	and Address of New Ro	egistered Agent	
PAQUIN, WILLIAM A 17248 GULF PINE CIRCLE			Street Ad	dress (P.O. Box Nu	mber is Not Acceptable)		
	STON FL 33414						
		e ^r	City			FL Zip Co	de
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office or r	egistered agent, or	both, in the State of Flor		
	W. De-		-		_	Type Zool	
SIGNATURE	Signature, typed or pristed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signature	e required when reinstating		DATE	
6 .	•	FILE NO	W!!! FEE IS \$5	0.00			
	•	4	-				
		Make Check Pay	-				
9.	MANAGING MEMBE	Make Check Pay	able to Departm		ADDITIONS/0		
9. TITLE NAME	MGRM PAQUIN, WILLIAM	Make Check Pay	able to Departm		ADDITIONS/	CHANGES Change	☐ Addition
TITLE	MGRM	Make Check Pay	10.		ADDITIONS/		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM PAQUIN, WILLIAM 17248 GULF PINE CIRCLE WELLINGTON FL 33414 MGRM	Make Check Pay	able to Departm 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS/		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAQUIN, WILLIAM 17248 GULF PINE CIRCLE WELLINGTON FL 33414 MGRM MALLON, DENNIS J 2754 LIKSIDE DR	Make Check Pay RS/MEMBERS ☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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11. I 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 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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

25 June 2001