

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000002486****1. Entity Name**
PANORAMIC COMMUNICATIONS LLC

Principal Place of Business	Mailing Address
C/O UNITED CORPORATE SERVICES, INC. 15 EAST NORTH ST. DOVER DE 19901	C/O UNITED CORPORATE SERVICES, INC. 15 EAST NORTH ST. DOVER DE 19901

2. Principal Place of Business	3. Mailing Address
6400 GOLDSBORO ROAD	6400 GOLDSBORO ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 500	SUITE 500

City & State	City & State
BETHESDA MD	BETHESDA MD

Zip	Country	Zip	Country
20817		20817	

4. FEI Number	Applied For
52-2279739	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$5.00

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentUNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., STE. 508MIAMI FL
33156 US**7. Name and Address of New Registered Agent**Name
YESAWICH PETER YStreet Address (P.O. Box Number is Not Acceptable)
423 SOUTH KELLER ROAD

SUITE 100

City
ORLANDO FL Zip Code
32810**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.****SIGNATURE PETER Y. YESAWICH****09/06/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE	MGR	SECY	Delete
NAME	PAUL MITCHELL		<input type="checkbox"/>
STREET ADDRESS	6400 GOLDSBORO ROAD		
CITY-ST-ZIP	BETHESDA MD 20817		

TITLE	MGR	SECY	Delete
NAME	BROWN JEREMY	ECEO	<input type="checkbox"/>
STREET ADDRESS	6400 GOLDSBORO ROAD		
CITY-ST-ZIP	BETHESDA MD 20817		

TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**SIGNATURE: mitchell paul secy 09/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)