

2002 UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 07, 2002 8:00 am
Secretary of State

01-29-2002 90068 018 *****55.00

71145



DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000000334				Secretary of State 01-29-2002 90068 018 ****55.00	
1. Entity Name NATIONS TELECOM, LLC					
Principal Place of Business 6001 BROKEN SOUND PKWY NW #600 BOCA RATON FL 33487			Mailing Address 6001 BROKEN SOUND PKWY NW #600 BOCA RATON FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">71145</div>  DO NOT WRITE IN THIS SPACE	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1063530		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Chief Operating Officer KEN CLARK 3016 LINCOLN COURT GARLAND, TX 75041			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary WALTER FRANK 3016 LINCOLN COURT GARLAND, TX 75041			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Rafael N. Hoyos-Contreras</i></u> 01/07/01 561-989-8300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					