2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90232 022 ****50.00

DOCUMENT # M03000003505

1. Entity Name
ADVANCED CALL CENTER TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
606 MORGAN BOULEVARD HARLINGEN, TX 78550	606 MORGAN BOULEVARD HARLINGEN, TX 78550

01202004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
606 Morgan Blvd	606 Morgan Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Harlingen, TX	City & State: Harlingen, TX
Zip: 78550 Country: Cameron	Zip: 78550 Country: Cameron

4. FEI Number: 58-2308959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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: N/A - No change
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. I am familiar with, and accept the obligations of registered agent. N/A - No change

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBBAS, CHRISTOPHER J 606 MORGAN BOULEVARD HARLINGEN, TX 78550	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joseph Lembo 1235 Westlakes Drive Suite 160 Berwyn, PA 19312	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Joseph Lembo — 1/23/04 — 610 695 0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #