
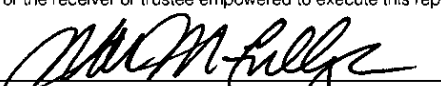


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90037 005 ****50.00

DOCUMENT # M03000003770 1. Entity Name PARAGON COMMUNICATION SERVICES, L.L.C.			
Principal Place of Business 100 HANNOVER PARK RD, STE. 140 ATLANTA, GA 30350		Mailing Address 100 HANNOVER PARK RD, STE. 140 ATLANTA, GA 30350	
2. Principal Place of Business 4485 TENCH ROAD Suite, Apt. #, etc. SUITE 420 City & State SUWANEE, GA Zip 30024		3. Mailing Address 4485 TENCH ROAD Suite, Apt. #, etc. SUITE 420 City & State SUWANEE, GA Zip 30024	
Country USA		Country USA	
4. FEI Number 75-3109138		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKIE, DAVID	NAME	
STREET ADDRESS	100 HANNOVER PARK RD, STE. 140	STREET ADDRESS	4485 TENCH ROAD, STE 420
CITY-ST-ZIP	ATLANTA, GA 30350	CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLOUGH, MARK	NAME	
STREET ADDRESS	100 HANNOVER PARK RD, STE. 140	STREET ADDRESS	4485 TENCH ROAD, STE 420
CITY-ST-ZIP	ATLANTA, GA 30350	CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: 9-1-04 Daytime Phone #: 678-714-3931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			