




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90065 046 ****50.00

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|---|---|---|---|--|--|
| DOCUMENT # M04000001093 1. Entity Name NTC COMMUNICATIONS, L.L.C. | | | |  | |
| Principal Place of Business 961 ACORN DRIVE HARRISONBURG, VA 22802 | | | Mailing Address 961 ACORN DRIVE HARRISONBURG, VA 22802 | | |
| 2. Principal Place of Business 500 SHENTEL WAY Suite, Apt. #, etc. | | 3. Mailing Address PO Box 459 Suite, Apt. #, etc. | |  | |
| City & State EDINBURG, VA | | City & State EDINBURG, VA | | 4. FEI Number 54-1889573 | |
| Zip 22824 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAM, DANIEL M 961 ACORN DRIVE HARRISONBURG, VA 22802 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EARLE MACKENZIE 500 SHENTEL WAY EDINBURG, VA 22824 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUCKFELDER, ROB 4112 BERESFORD ROAD CHARLOTTE, NC 28211 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JONATHAN SPENCER 500 SHENTEL WAY EDINBURG, VA 22824 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHAPPELL, SCOTT 15120 ENTERPRISE COURT, SUITE 200 CHANTILLY, VA 20151 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FRENCH, CHRIS 124 S. MAIN STREET EDINBURG, VA 22824 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500 SHENTEL WAY EDINBURG, VA 22824 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAMBIL, MARK 1210 E. CARY STREET RICHMOND, VA 23219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAIRD, RANDY 615 ELK MOUNTAIN ROAD AFTON, VA 22920 | <input checked="" type="checkbox"/> Delete | 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:  | | | JONATHAN SPENCER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | |
| | | | Date _____ | | Daytime Phone # 540-984-5420 |
| GENERAL COUNSEL | | | | | |