


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90310 008 ***138.75

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|------------------------------------|---|
| DOCUMENT # M04000004424 |  |
| 1. Entity Name INFOTELECOM, LLC | |

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|--|--|
| Principal Place of Business 1228 EUCLID AVE., STE. 390 CLEVELAND, OH 44115 | Mailing Address 1228 EUCLID AVE., STE. 390 CLEVELAND, OH 44115 |
|--|--|

60025769



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|--|----------------------------|
| 2. Principal Place of Business - No P.O. Box # 1228 Euclid Avenue | 3. Mailing Address same |
| Suite, Apt. #, etc. Suite 390 | Suite, Apt. #, etc. |
| City & State Cleveland, Ohio | City & State |
| Zip 44115 | Country USA |

04022008 Chg-LLC CR2E083 (12/06)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent INCORP. SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL | |
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| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TEMNOROD, ANDRE 1228 EUCLID AVE., STE. 390 CLEVELAND, OH 44115 <input 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 | VP GENERAL COUNSEL ALEX GERTSBURG 1228 EUCLID AVE., STE. 390 CLEVELAND, OH 44115 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **04/02/2008** **(216) 373-4811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #