

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006014

FILED
Feb 13, 2007
Secretary of State

Entity Name: INTEGRATED NETWORK COMMUNICATIONS, LLC

Current Principal Place of Business:

6999 SHELBYVILLE ROAD
SIMPSONVILLE, KY 40067

New Principal Place of Business:

304 S MAGNOLIA STREET
TOMPKINSVILLE, KY 42167

Current Mailing Address:

6999 SHELBYVILLE ROAD
SIMPSONVILLE, KY 40067

New Mailing Address:

P.O. BOX 516
TOMPKINSVILLE, KY 42167

FEI Number: 20-1813020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, RON
1542 FREDRICA AVENUE SOUTH
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SCOTT, RON
2879 OAK TREE LANE
PALM HARBOR, FL 34684 US

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:

02/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NUNN, TIM
Address: 6999 SHELBYVILLE ROAD
City-St-Zip: SIMPSONVILLE, KY 40067

Title: MGR () Delete
Name: NUNN, RICK
Address: 1339 NARROWS OF THE HARPETH ROAD
City-St-Zip: KINGSTON SPRINGS, TN 37082

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NUNN, TIM
Address: 3646 MURPHY LANE
City-St-Zip: MT EDEN, KY 40046

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM NUNN

MGR

02/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date