

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006405

Entity Name: PULSE TELECOM, LLC

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

1230 LIBERTY BANK LANE SUITE 320
LOUISVILLE, KY 40222

New Principal Place of Business:

4969 US HWY 42, SUITE 2700
LOUISVILLE, KY 40222

Current Mailing Address:

1230 LIBERTY BANK LANE SUITE 320
LOUISVILLE, KY 40222

New Mailing Address:

4969 US HWY 42, SUITE 2700
LOUISVILLE, KY 40222

FEI Number: 20-5640097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALAI, MARIUS
Address: 1731 COVE LAKE RD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: MGRM (X) Delete
Name: COSMIN, GHEARA
Address: 1451 W CYPRESS CREEK RD STE 300
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COSMIN, GHEARA
Address: 1451 W CYPRESS CREEK RD STE 300
City-St-Zip: FORT LAUDERDALE, FL 33309

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

I hereby certify that the information supplied with this filing does not qualify 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: GHEARA COSMIN

MGRM

02/25/2009

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