
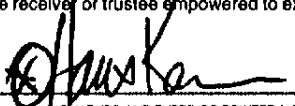


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #196000000056</b>  NORTH AMERICAN TELEPHONE NETWORK, L.L.C. <del>1117 PERIMETER CENTER WEST, STE. 510 EAST</del> <del>ATLANTA GA 30338</del>		FILED 97 FEB 28 AM 11:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address <del>1117 PERIMETER CENTER WEST, S</del> <del>ATLANTA GA 30338</del>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 4151 Ashford Dunwoody Suite, Apt. #, etc. # 675 City & State Atlanta, GA Zip 30319 Country USA		2a. Mailing Address 4151 Ashford Dunwoody Suite, Apt. #, etc. # 675 City & State Atlanta, GA Zip 30319 Country USA	
3. Date Organized or Qualified 02/26/1996		3a. State of Formation GA	
4. FEI Number 58-2212551		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002103271--B Suite, Apt. #, etc. -03/04/97--01025--016 ***203.75 ***203.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NOBLE, JAMES K JR.	<del>1117 PERIMETER CENTER WEST ATLANTA GA</del>	}
MGRM	HODGES, CHRIS	<del>1117 PERIMETER CENTER WEST ATLANTA GA</del>	
MGRM	KASPER, HANS	<del>1117 PERIMETER CENTER WEST ATLANTA GA</del>	
		4151 Ashford Dunwoody Atlanta, GA	#675 2/28/97
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.  SIGNATURE:  HANS KASPER 2/21/97 404 255 7119 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			