File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address
of Limited Liability Company **DOCUMENT** # M9600000056 1a. Principal Place of Business Address NORTH AMERICAN TELEPHONE NETWORK, L.L.C. 4151 ASHFORD DUNWOODY 4151 ASHFORD DUNWOODY #675 #675 ATLANTA GA 30319 ATLANTA GA 30319 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Form 02/26/1996 GA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 58-2212551 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country Zip \$8.75 Additional Fee Required 02/28/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code City 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM NOBLE, JAMES K JR. 4151 ASHFORD DUNWOODY, #67 ATLANTA GA MGRM HODGES, CHRIS 4151 ASHFORD DUNWOODY, #67 ATLANTA GA MGRM KASPER, HANS 4151 ASHFORD DUNWOODY, #67 ATLANTA GA Yboanua Graden 1214 Atlanta GA Lewith, RON #6KM 100002498731----04/24/98--01005--002 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido 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 segnature 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 trugtee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE: 2