

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000056

1. Entity Name

NORTH AMERICAN TELEPHONE NETWORK, L.L.C.

Principal Place of Business

4151 ASHFORD DUNWOODY

#675

ATLANTA GA 30319

Mailing Address

4151 ASHFORD DUNWOODY

#675

ATLANTA GA 30319-1431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2212551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM NOBLE, JAMES K JR. ☐ Delete  
STREET ADDRESS 4151 ASHFORD DUNWOODY, #675  
CITY- ST- ZIP ATLANTA GA

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM HODGES, CHRIS ☐ Delete  
STREET ADDRESS 4151 ASHFORD DUNWOODY, #675  
CITY- ST- ZIP ATLANTA GA

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM KASPER, HANS ☐ Delete  
STREET ADDRESS 4151 ASHFORD DUNWOODY, #675  
CITY- ST- ZIP ATLANTA GA

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM LEVITT, RON ☒ Delete  
STREET ADDRESS 4151 ASHFORD DUNWOODY  
CITY- ST- ZIP ATLANTA GA 30319

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

11. I 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 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 APR 17 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MMNM

DO NOT WRITE IN THIS SPACE

CR 1000000000