


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

**APPROVED
AND
FILED**

1997 APR 11 PM 3:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #M96000000159
U.S. ONLINE COMMUNICATIONS L.L.C. ATTN: LAW DEPT. 1201 3RD AVE., STE. #5400 SEATTLE WA 98101	

1a. Principal Place of Business Address
ATTN: LAW DEPT. 1201 3RD AVE., STE. #5400 SEATTLE WA 98101

2. Principal Place of Business		2a. Mailing Address	
SAME		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
05/06/1996	WA
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
91-1689623	
5. Date of Last Report	6. Certificate of Status Desired
N/A	<input type="checkbox"/> <small>See 7c. Additional Fee Required</small>

7. Name and Address of Current Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent	
Name N/A	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

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 <u>N/A</u>	DATE _____
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PFLEGER, PAUL H	1201 3RD AVE., STE. 5400	SEATTLE WA
MGRM	OREHEK, JOHN M	1201 3RD AVE., STE. 5400	SEATTLE WA
MGRM	MCNAMEE, CHARLES	1201 3RD AVE., STE. 5400	SEATTLE WA

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***203.75 ***203.75
4/11/97

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: <u>John M. Orehek</u>	Date <u>4/17/97</u>	Daytime Phone # <u>(206) 622-9900</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		