

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 #</b> M96000000286	
QUINTEL CELLULAR LLC 16805 U.S. HIGHWAY 19N CLEARWATER FL 34024		1a. Principal Place of Business Address 16805 U.S. HIGHWAY 19N CLEARWATER FL 34024	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified		3a. State of Formation	
08/01/1996		DE	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
13-3899650			
5. Date of Last Report		6. Certificate of Status Desired	
		<input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
DARST, CHARLES R 16805 U.S. HIGHWAY 19N CLEARWATER FL 34024 VO. # 1197 POSTED DATE 4/17/97		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 806.416 and 806.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its 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. GIL ACCT. #1 2492 GIL ACCT. #2 SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCHWARTZ, JEFFREY L	ONE BLUE HILL PLAZA	PEARL RIVER NY 10965
MGR	GREENWALD, JAY	ONE BLUE HILL PLAZA	PEARL RIVER NY 10965
MGR	STOLLMAN, ANDREW	ONE BLUE HILL PLAZA	PEARL RIVER NY 10965
MGR	DARST, CHARLES R	16805 U.S. HIGHWAY 19N	CLEARWATER FL 34024
MGR	AMICO, ANTHONY N JR.	16805 U.S. HIGHWAY 19N	CLEARWATER FL 34024
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. <b>SIGNATURE:</b> <u>Charles R. Darst</u> <u>4/28/97</u> (813) 536-8771 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			