


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 MAR 10 PM 1:37 DIVISION OF CORPORATIONS	
FILING FEE \$ 88.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address o Limited Liability Company		DOCUMENT # M97000000181			
NATIONAL COMM LINK, L.L.C. 19599 N.E. 10TH AVENUE, BAYS E AND F NORTH MIAMI BEACH FL 33179		1a. Principal Place of Business Address 19599 N.E. 10TH AVENUE, BAYS NORTH MIAMI BEACH FL 33179			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/11/1997 4. FEI Number 65-0741629 5. Date of Last Report 05/11/1998	
				3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent PAYNE, TODD S ESQ. C/O ZEBERSKY & PAYNE, L.L.P. 3850 HOLLYWOOD BLVD., SUITE 204 HOLLYWOOD FL 33021			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center;">FL</div>		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when appointing a new agent.)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ROSENBERG, PAUL B	19599 N.E. 10TH AVENUE, BA		NORTH MIAMI BEACH FL	
MGRM	RULIEN, DAVID R	19599 N.E. 10TH AVENUE, BA		NORTH MIAMI BEACH FL	
MGRM	DUKE, CLIFFORD F	19599 N.E. 10TH AVENUE, BA		NORTH MIAMI BEACH FL	
100002804611 03/12/99-01083--006 ****197.50 100002804611 03/12/99-01083--006 ****197.50					
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: <i>Clifford F. Duke</i> MANAGING MEMBER 2/18/99					