## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 14, 2004 8:00 am Secretary of State DOCUMENT # M97000000332 04-14-2004 90281 024 \*\*\*\*50.00 1. Entity Name AMERICA TELECOMMUNICATIONS NETWORK, LLC Principal Place of Business Mailing Address 5445 COLLINS AVENUE 5445 COLLINS AVENUE **SUITE 1731 SUITE 1731** MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032004 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 65-0760066 Not Applicable Zíp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KURT KEEFER OPPENHEIM, STEVEN P ESQ. Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE., STE. 115 MIAMI, FL 33131 APT. 6203 15060 S.W. 103 TERRACE. 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. I am familiar with, and accept the obligations of registered age 04-05-01 un (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR M GRA TITLE Delete TITLE Change ☐ Addition **BOLAFFI, GIORGIO** NAME NAME KURT SAY KEEFER STREET ADDRESS 5445 COLLINS AVENUE, #CU22 STREET ADDRESS 15060 S.W. 103 TERRACE, APT. 6203 CITY-ST-ZIP MIAMI, FL 33140 CITY-ST-ZIP MIAMI, FL 33196 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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. (PRESIDENT) Mar az FRANCESCO STIPO SIGNATURE: NG MENGÉR, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

A HOCKMAN 24041227 TION OF MANAGER(S) #M9700000332

## ATTERICA TELECOTHUNICATIONS NETWORK, LLC

Upon motion duly made, seconded and carried, the following named persons were nominated and unanimously elected managers of the above named limited liability company. Each such manager was elected to serve until the first annual meeting of members (and until a successor of each shall have been qualified and elected) or until each manager's earlier resignation, removal from office or death:

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