File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 FEB 26 PM 1:55 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000465** CAROLINA WEBTEL, L.L.C. 2401 EAST ATLANTIC BLVD., SUITE 300 2401 EAST ATLANTIC BLVD., SU POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 07/28/1997 CO Suite, Apt. #, etc. Suite, Apt. N, etc. 4. FEI Number Applied For City & State City & State 84-1373911 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Ζıρ Country Country \$8.75 Add-honal Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Nama BIDDISCOMBE, SEAN 2401 EAST ATLANTIC BLVD., SUITE 300 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 Sulte, Apt. #, etc. Zip Code 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BIDDISCOMBE, SEAN 2401 EAST ATLANTIC BLVD., POMPANO BEACH FL MGRM DECKER, DAVID 2401 EAST ATLANTIC BLVD., POMPANO BEACH FL 400002447494--6 -03/05/98--01005--023 ****188.75 ****188.75 . Ido 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 idicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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. SEAN BISHISCOMBE SIGNATURE:

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