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 FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 99 MAR 19 PM 3: 39 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000709** 1a. Principal Place of Business Address INFINITYWEB COMMUNICATIONS, L.C. 1702 NEEDLES LANE BAST 1702 NEEDLES LANE EAST LARGO FL 33771 LARGO FL 33771 3a. State of Formation 3. Date Organized or Qualified 2a. Mailing Address Principal Place of Business 10/29/1997 DE 4. FEI Number Applied For 04 Not Applicable 59-34 20 26 6. Certificate of Status Desired 58-75 Additional Lec Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISE, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 300002464083---8 Sulte, Apt. #, etc. -03/20/98--01116--005 ****1523.005 ****188.75 City 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. DATE SIGNATURE. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers ZEPHYRHILLS FL 22603 GLENHAVEN DRIVE MGRM BIESECKER, TEDDY 1703 NEEDLES LANE EAST LARGO FL CANNATTA, ANDREW MGRM 11. I dehereby 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 the report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

NING MANAGING MEMBER OR MANAGER

attachment with an address.