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

		<u> </u>					_				
	ED LIABILIT ANNUAL RE 1999			Kath Secr	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED			
E11 1NC			****					99 MAR 15 AM 10: 41			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000608							SEGNETARY OF STATE TALLAHASSEE, FEORIDA				
INTEGRATED COMMUNICATION TECHNOLOGIES, LLC 2607 LEEMAN FERRY ROAD, SUITE 6 HUNTSVILLE AL 35801							2607 LEEMAN FERRY ROAD, SUIT HUNTSVILLE AL 35801				
2 Princip	pal Place of Busin	ness	2a. Ma	failing Address			3. Date Organize 06/10/1		3a. State o	of Formation	
Suite, Apt	t. #, etc.		Suite, /	Apt. #, etc.			4. FEI Number		<u>ж</u> ь		
City & Sta	at e		City & S	State	<u></u>		,	200-90	75 I	Applied For Not Applicable	
Zip		Country			Countr	rv	5. Date of Last F		F	te of Status Desired	
·			Zip			·	<u> </u>			onal Fee Required	
73 VI (7. Name a OR, RICH	and Address of Current I	Registere	ed Agent		8. Name	Name and Address	s of New Regist	tered Agent/	Office	
LAKE	LAND FL		201 608.5	OP Florida Statul	the at	Suite, Apt. #, etc.	.0. Box Number is Not Acceptable) 5			1157020 ****188.75	
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. Thereby accept the appointment as registered agent, and accept the obligations.											
SIGNATURE						e required when remstating)	[DATE		·	
10. Title	e Managing Members/Managers		<u> </u>		Business Street Address			City, State and Zip Code			
MGR	TAYLOR, RICHARD 2232 CLUE				LUB	HILL, NO	RTH	LAKELA	ND FL		
MGR	INGRAM, LANE 2607			2607 L	LEEMAN FERRY ROAD, S			HUNTSV	ILLE A	'T	
MGR	R SHATAS, REMIGIUS			2712 В	2712 BARCODY ROAD			HUNTSV	ILLE A	.L	
11. i do her	reby certify that th	ne information supplied with	th this filing	g does not qualify f	for the exc	emption stated in Sec	,19 ,99 Schon 119 07(3) (i), Fi	lorida Statutes. I	funhercentify	that the information	
indicated o ∤imited liabi	on this annual repo	oort is true and accurate an the receiver or trustee emp	nd that my	v signature shall ha	have the sa	ame legal effect as i	if made under oath.	that I am a mana	aging membe	er or manager of the	

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTS PLANE OF SYGNING MANAGER MICH HOR MANAGER

INHSE 10 R (12-98)