


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company  
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP -7 PM 1:45

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> M98000000805
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NETWORK INTERNATIONAL OF THE SOUTH, LC  
~~12126 DARNESTOWN ROAD, SUITE 6~~  
~~GAITHERSBURG MD 20878~~

1a. Principal Place of Business Address <del>12126 DARNESTOWN ROAD, SUITE 6</del> <del>GAITHERSBURG MD 20878</del>
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2. Principal Place of Business 1300 PICCARD DR Suite, Apt. #, etc. 202 City & State ROCKVILLE, MD Zip 20850 Country USA	2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 07/22/1998	3a. State of Formation VA
4. FEI Number 52-1978757	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(If you are Agent, sign here. If you are not, the Registered Agent signature required when re-stating.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SANDLER, MARK	<del>12126 DARNESTOWN ROAD, SUITE 6</del> 1300 PICCARD DR # 202	<del>GAITHERSBURG MD</del> Rockville MD 20850
MEM	CAMPOS-SANDLER, LAURA	<del>12126 DARNESTOWN ROAD, SUITE 6</del> 1300 PICCARD DR # 202	<del>GAITHERSBURG MD</del> Rockville, MD 20850
MEM	MCGUGAN, PATRICK	<del>12126 DARNESTOWN ROAD, SUITE 6</del> 1300 PICCARD DR # 202	<del>GAITHERSBURG MD</del> Rockville, MD 20850
MEM	PRITZ, DAVID	<del>12126 DARNESTOWN ROAD, SUITE 6</del> 1300 PICCARD DR # 202	<del>GAITHERSBURG MD</del> Rockville, MD 20850

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. Further certify that the information included in 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:  MARK SANDLER 9/1/99 240 948-5078  
DATE \_\_\_\_\_