

619388-12

2nd 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
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # M98000001451**

MEGA COMMUNICATIONS OF TAMPA, L.L.C.
333 SYLVAN AVENUE
ENGLEWOOD CLIFFS NJ 07632

FILED
99 SEP -3 PM 3: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business
8121 GEORGIA AVE
Suite, Apt. #, etc.
10th FLOOR

City & State
SILVER SPRING MD
Zip
20910 Country
USA

2a. Mailing Address
8121 GEORGIA AVENUE
Suite, Apt. #, etc.
10th FLOOR

City & State
SILVER SPRING, MD
Zip
20910 Country
USA

1a. Principal Place of Business Address

333 SYLVAN AVENUE
ENGLEWOOD CLIFFS NJ 07632

3. Date Organized or Qualified

12/09/1998

3a. State of Formation

DE

4. FEI Number

22-3620317
23-2976366

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ \$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

Zip Code

FL

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

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MGRM MEGA COMMUNICATIONS, L **333 SYLVAN AVENUE** **ENGLEWOOD CLIFFS NJ**

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******588.75 ****588.75**

POSTED

11. I, the undersigned, 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 included 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 this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10 or on an attached sheet with an address.

SIGNATURE: **X**

8/15/99 (30) 588.6200