



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117865		2. Exact name of the limited liability company Reduced Rate Long Distance LLC			
3. State of Formation NEVADA		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE OF TELECOMMUNICATION PRODUCTS			
5. Principal office address 1800 PEMBROKE DRIVE, SUITE 300		City ORLANDO	State FL Zip 32810-		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHRIS STEIN		Contact Title Secretary / Manager			
Street Address 1800 PEMBROKE DRIVE, SUITE 300		City ORLANDO	State FL Zip 32810-		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Robert Sorrentino		Manager Name Chris Stein			
Street Address 1800 Pembroke Dr, Suite 300		Street Address 1800 Pembroke Dr, Suite 300			
City Orlando	State FL	Zip 32810	City Orlando	State FL	Zip 32810
Manager Name		Manager Name			
Street Address N/A		Street Address N/A			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NATIONAL REGISTERED AGENTS, INC.		Address 222 JEFFERSON BOULEVARD, SUITE 200			
Address		City WARWICK	Zip 02888-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 7 8 6 5

117865 FLLC 02/22/05 04:52:47 PM

File Date 8/23/05

Check No. 1547

By DA

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Chris Stein 8/23/05
Signature of Authorized Person Date
Chris Stein
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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100 North Main Street
Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 117865		2 Exact name of the limited liability company Reduced Rate Long Distance LLC			
3 State of Formation NEVADA		4 Brief description of the character of the business which is actually conducted in Rhode Island SALE OF TELECOMMUNICATION PRODUCTS			
5 Principal office address 1800 Pembroke Drive Suite 300		City Orlando	State FL	Zip 32810	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Chris Stein		Contact Title manager			
Street Address 1800 Pembroke Drive Suite 300		City Orlando	State FL	Zip 32810	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Robert Sorrentino		Manager Name Chris Stein			
Street Address 1800 Pembroke Drive Suite 300		Street Address 11216 Tamiami Trl. N. #407			
City Orlando	State FL	Zip 32810	City Naples	State FL	Zip 34110
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 7 8 6 5 *

File Date	11/4/04
Check No	1549
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person:
Date: 11/4/04
Print or Type Name of Authorized Person: Chris Stein



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117865		2. Exact name of the limited liability company: Reduced Rate Long Distance LLC			
3. State of Formation NEVADA		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE OF TELECOMMUNICATION PRODUCTS			
5. Principal office address 101 Southhall Lane, Ste. 400		City Maitland	State FL	Zip 32751	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Robert Sorrentino Contact Title: Pres.					
Street Address 101 Southhall Lane		City Maitland	State FL	Zip 32751	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Robert Sorrentino		Manager Name			
Street Address 101 Southhall Lane, Ste. 400		Street Address			
City Maitland	State FL	Zip 32751	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02886	

RECEIVED
SECRETARY OF STATE
NOV 28 12 35 PM '03

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 7 8 6 5 *

FILED

File Date: NOV 28 2003
Check No: By: m12931

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person: Robert Sorrentino Date: 10/31/03

Print or Type Name of Authorized Person: Robert Sorrentino

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 117865

Annual Report for the year 2002

1. The name of the limited liability company is:

Reduced Rate Long Distance LLC

2. The address of the principal office of the limited liability company is:

480 Fentress Blvd. Ste M Daytona Beach, FL 32114

3. The state or other jurisdiction under the laws of which it is formed is: Nevada

4. The name and address of its resident agent is: National Registered Agents

222 Jefferson Blvd. Ste 200 Warwick RI 02888

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Beth Wieler

480 Fentress Blvd. Ste M Daytona Beach, FL 32114

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Sale of Telecommunication products

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

Ed Kohlschreiber
Beth Wieler

480 Fentress Blvd. Ste M Daytona Beach, FL 32114
480 Fentress Blvd. Ste M Daytona Beach, FL 32114

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Date: 8/12/02

Reduced Rate Long Distance LLC
Exact Name of Limited Liability Company

8.20.02
CK# 1622
2

B. Wieler
VP operations
Title