2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 08, 2006
Secretary of State

DOCUMENT# P03000009451

Entity Name: RCN CORP.

Current Principal Place of Business:

2449 CLIFFDALE ST
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2449 CLIFFDALE ST
OCOEE, FL 34761

New Mailing Address:

FEI Number: 02-0670031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORI, HOLLY
2449 CLIFFDALE ST
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOLLY BORI

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BORI, HOLLY
Address: 2449 CLIFFDALE ST
City-St-Zip: OCOEE, FL 34761 US

Title: VP ( ) Delete
Name: BORI, CHARLENE
Address: 150 E. 2ED S. APT. A
City-St-Zip: REXBURG, ID 83440

Title: VP (X) Delete
Name: NICOLE, BORI
Address: 2449 CLIFFDALE ST.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BORI, HECTOR
Address: 2449 CLIFFDALE ST
City-St-Zip: OCOEE, FL 34761 US

Title: VP (X) Change ( ) Addition
Name: BORI, HOLLY
Address: 2449 CLIFFDALE ST.
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR BORI P 11/08/2006

Electronic Signature of Signing Officer or Director — Date