## FILED May 09, 2005 8:00 am Secretary of State

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DOCUMENT # P04000028242  1. Entity Name NEXLEVEL COMMUNICATIONS CORP.							05-09-2005 9	90284 017 ***55	50.00	
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Principal Place				Mailing Address			1			
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2. Principal Place of Business 3				3. Mailing Address					7270 	
Suite, Apt. #, etc.			-	Suite, Apt. #, etc.			04112005 <sup>-</sup>	- Chg-P	- CR2E034 (10/0	)3)
City & State				City & State			4. FEI Numb		37 F	Applied For Not Applicable
Zip	Country			Zip Counti		ntry	5. Certificate of Status Desired			
	6. Name	and Address of	Current Re	gistered Agent			7. Name and	d Address of New I	Registered Agent	
						Name				1
COUEY, C		-				Stroot Address	/P.O. Boy Numb	er is Not Acceptable	a)	
8427 POR						Sileet Address	(F.O. BOX NUME	iei is Not Acceptabl	e)	
ORLANDO	), FL 328	17								
						<u> </u>			- <del></del>	
						City			FL   Zip (	Code
8. The above	named entit	v submits this sta	tement for th	ne purpose of changin	a its reaister	ed office or registr	ered agent, or be	oth, in the State of F	lorida. I am familiar w	vith, and accept
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SIGNATURE.	Sanatura brood	or printed haine of regis	stered agent and	litte it anglicable	(NOTE Registers	ed Agent signature require	ed when reinstating)		DATOS	
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FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.		OFFICE	RS AND DI	RECTORS	11.		ADDITIONS	/CHANGES TO DE	FICERS AND DIRECT	OBS IN 11
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12. Lhorehy	certify that th	e information sum	onlied with th	nis filing does not quali	fy for the av	mulion etated in 9	Section 119 07/2	Vi) Florida Statutas	I further codify that a	he information
indicated of the cor	i on this repo rporation or t	rt or supplement: he receiver or tru	al report is tr stee empow	rue and accurate and the red to execute this rething a like empower that the red to execute this rething the empower that the red to execute the r	hat my signa port as requ	ature shall have the	e same legal effe	ect as it made under	nath that I am an of	ficer or director
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SIGNAT	rure: _	ملا	<u>~~</u>	Lon				5   5	20	
	<del></del>	SIGNATURE AND	TYPED OR PRI	NTED NAME OF SIGNING OF	ICER ON OUR	тоя		Date	Daytime Pho	ne #