2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 13, 2006 8:00 am **Secretary of State** DOCUMENT # P97000048005 01-13-2006 90046 040 ***158.75 1. Entity Name NEXT LEVEL COMMUNICATIONS, INC. Principal Place of Business Mailing Address 2675 MUSCATELLO STREET P. O. BOX 620011 ORLANDO, FL 32837 ORLANDO, FL 32862 2. Principal Place of Business 3. Mailing Address 5334 CENTRAL FURIDA PKH Suite, Apt. #, etc. uite, A 01052006 Chg-P CR2E034 (11/05) #270 City & State ORUA NDO Applied For 4. FEI Number PLORÍDA 59-3453937 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ORANGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIMOTHY DETELLIS DETELLIS, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 2675 MUSCATELLO STREET ORLANDO, FL 32837 #270 5334 CENTRAL FURIDA PKY 7 2 Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits # the obligations of registered agent. MYTOMIT DETELLIS SIGNATURE. Signature, typed-(NOTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PRESIDENT/DIRECTOR PD Change ☐ Addition TITLE ☐ Delete DETELLIS, TIMOTHY TIMOTHY DETELLIS NAME NAME 2675 MUSCATELLO STREET STREET ADDRESS 5334 CENTRAL FLORIDA PARKWAY #270 STREET ADDRESS ORLANDO FL 32821 CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP Addition TITLE Delete TITLE Change DETELLIS, DANIKA NAME NAME STREET ADDRESS STREET ADDRESS 2675 MUSCATELLO STREET CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP Delete TITLE TITLE - Shange Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DIRECTOR Addition ☐ Delete ☐ Change TITLE TITLE DAVID NOWAK NAME 11138 CYPRESS TRAIL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP URLANDO FL 32825 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with

DETELLIS

MHTOMIT

SIGNATURE:

FILED