2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000223909

Entity Name: AV BROADBAND, LLC

Current Principal Place of Business:

550 BILTMORE WAY STE 1110 CORAL GABLES. FL 33134

Current Mailing Address:

550 BILTMORE WAY STE 1110 CORAL GABLES, FL 33134 US

FEI Number: 82-3254527 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHECHTER, ROSA E ESQ 550 BILTMORE WAY STE 1110 CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 21, 2018

Secretary of State

CC3560442892

Authorized Person(s) Detail:

Title PRESDENT Title VP

Name MATO, MANUEL Name SERVIANSKY, DAVID

Address 550 BILTMORE WAY STE 1110 Address 550 BILTMORE WAY STE 1110

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VICE PRESIDENT AND TREASURER Title VP

Name STERN, EDUARDO Name CEPERO, VIRGINIA

Address 550 BILTMORE WAY STE 1110 Address 550 BILTMORE WAY STE 1110

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VP Title VICE PRESIDENT AND SECRETARY

Name STERN, RODOLFO Name HORWITZ, ROBERTO

Address 550 BILTMORE WAY STE 1110 Address 550 BILTMORE WAY STE 1110

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VP

Name LOPEZ, E. DANIEL

Address 550 BILTMORE WAY STE 1110
City-State-Zip: CORAL GABLES FL 33134

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL M. MATO PRESIDENT 04/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date