2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2015
Secretary of State
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Entity Name: PI TELECOM INFRASTRUCTURE S, LLC

Current Principal Place of Business:

2855 LE JEUNE RD., 4TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2855 LE JEUNE RD., 4TH FLOOR
CORAL GABLES, FL 33134

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEN O.P.
2855 LE JEUNE RD., 4TH FLOOR
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

Authorized Person(s) Detail :

Title	MBR
Name	PI TELECOM MEZZANINE A, LLC
Address	2855 LE JEUNE RD., 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	SIGNORELLO, VINCENT
Address	2855 LEJEUNE ROAD 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP, TREASURER, ASST. SECRETARY
Name	GODOY, JUAN
Address	2855 LE JEUNE RD., 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	BALDUF, BRAD
Address	2855 LE JEUNE RD., 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT
Name	MACHERAS, YANNIS
Address	2855 LE JEUNE RD., 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP, SECRETARY
Name	COBB, KOLLEEN O.P.
Address	2855 LE JEUNE RD., 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	BITTNER, RON
Address	2855 LE JEUNE RD., 4TH FLOOR
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: KOLLEEN O.P. COBB VICE PRESIDENT 05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date