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Account Name : WEB ACCESS TV COMMUNICATIONS INC.
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LIMITED PARTNERSHIP REINSTATEMENT

CENTRES VILLA LIMITED PARTNERSHIP

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A 99000001632

1. Name of Limited Partnership: Centres Villa Limited Partnership

2. Principal Office Address	3. Mailing Office Address
904 Bluebonnet	P.O. Box 684807
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Austin, TX	City & State: Austin, TX
Zip: 78704 Country: USA	Zip: 78768 Country: USA

4. Date Formed or Registered To Do Business in Florida: 10/05/1999

5. FEI Number: 391975613 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

7a. Capital Contributions as shown on Record: 5000.00

7b. Amount of Capital Contributions in FLORIDA to date: 5000.00

8. Name and Address of Current Registered Agent

Name: Michael A. Maldonado
Street Address (P.O. Box Number is Not Acceptable): 5901 NW 151 Street
Suite, Apt. #, Etc.: 217
City: Miami Lakes State: FL Zip Code: 33014

FEES:

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $52.50 for each year due this office, beginning with 1982 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report [illegible] delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): M A Maldonado DATE: 1-21-03

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Centres Villa GP, Inc.	904 Bluebonnet	Austin, TX 78704	P99000087642

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability [illegible] Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report [illegible] and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, [illegible] as required by chapter 620, Florida Statutes.

SIGNATURE: [signature] DATE: 1/17/03

Typed or Printed Name of General Partner Signing Form: David M. Currey Telephone Number: 512-472-5856

CR2E038 (1/02)

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