

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000004337	
1. Entity Name EXPAND NETWORKS, INC.	

Principal Place of Business 103 EISENHOWER PARKWAY ROSELAND, NJ 07068	Mailing Address 103 EISENHOWER PARKWAY ROSELAND, NJ 07068
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

10092006 REIN-P CR2E098 (11/05)

4. FEI Number
22-3654647Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE Hillary England **Hillary England**
Assistant Secretary 10/9/06
(NOTE: Registered Agent Signature required with reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VST SILVESTRI, THOMAS 103 EISENHOWER PARKWAY ROSELAND, NJ 07068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT CHITAYAT, AMIR 103 EISENHOWER PARKWAY ROSELAND, NJ 07068	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MARCO, TALMON 103 EISENHOWER PARKWAY ROSELAND, NJ 07068	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 900081121889 10/23/06--01052--022 **\$150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ACKERMAN, NIR 103 EISENHOWER PARKWAY ROSELAND, NJ 07068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KAREN, AMIR 103 EISENHOWER PARKWAY ROSELAND, NJ 07068	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: Thomas Silvestri T. Silvestri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

973-618-9000
Outgoing Phone #