2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000004055 May 22, 2000 8:00 am Secretary of State ADVANCED BROADBAND SYSTEM SERVICES, INC. 05-22-2000 90065 046 ***150.00 Principal Place of Business Mailing Address 412 E. MADISON STREET, STE 1110 412 E. MADISON STREET, STE 1110 TAMPA FL 33602-4618 TAMPA FL 33602 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-2367713 Not Applicable Country Country **\$8.75** Additional ~ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE DATÉ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 * OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE HAISLIP, WALLY NAME NAME STREET ADDRESS 4250 INTERNATIONAL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30091 ☐ Change ☐ Addition Delete TITLE HAINZ, GARY NAME MARK KAPLAN NAME 412 E. MADESON STREET, STE 110 412 E MADISON ST STE 1110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 ----■ Addition TITLE ☐ Delete TITLE BERGMAN, NORMA NAME NAME 4261 COMMUNICATIONS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30091 AS ☐ Change Addition Delete TITLE TITLE RAGER, KARI NAME NAME 412 E MADISON STREET, STE 1110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Change Addition TITLE ☐ Delete TITLE BRAKEFIELD, RICHARD M NAME NAME 412 E MADISON ST., STE 1110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TAMPA FL 33602 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ENTERLINE, LARRY NAME NAME STREET ADDRESS. 4261 COMMUNICATIONS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30091

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR