2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** L00000012233 ... 1. Entity Name FILED SONUS DIGITAL, LLC JUN 27 AN 8: 47. Principal Place of Business Mailing Address ECRETARY OF STATE 1050A SUMMIT TRAIL CIRCLE 1050A SUMMIT TRAIL CIRCLE WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 ALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANTON, ROGER C 4420 BEACON CIRCLE WEST PALM BEACH FL 33415-3340 8. The above named entity submits this statement for the changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. ☐ Addition TITLE ☐ Delete TITI F ☐ Change MGR NAME NAME SMITH, REX W STREET ADDRESS STREET ADDRESS 1050A SUMMIT TRAIL CIRCLE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE SBBBB44749° Delete - -NAME NAME -07/13/01--01088--019 STREET ADDRESS STREET ADDRESS *****50.00 *****50**.**00 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 🖟 C ☐ Change ☐ Addition TITLE NAME > NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fling 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 is true and accurate and that my 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 leport as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER: MANAGER OR ANTHORIZED REPRESENTATIVE Date Date