FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000010146 1. Entity Name 05-22-2002 90254 046 ****50.00 XOOM NETWORK, L.L.C. Mailing Address Principal Place of Business 200 S. ORANGE AVENUE. SUITE 1300 200 S. ORANGE AVENUE. SUITE 1300 ORLANDO FL 32801 96-1554 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State *59* - 372 6558 Not Applicable \$5.00 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KHANANI, M. OWAIS Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVENUE, SUITE 1300 ORLANDO FL 32801 Zip Code City 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. 04.30.2002 M. OWAIS SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ■ Addition Change Change TITLE ☐ Delete MGRM NAME KHANANI, M. SALEEM NAME STREET ADDRESS 200 S. ORANGE AVENUE, SUITE 1300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition Change TITLE ☐ Delete TITLE MGRM NAME KHANANI, M. OWAIS NAME STREET ADDRESS 200 S. ORANGE AVENUE, SUITE 1300 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP Change . Addition ☐ Delete TITLE MGRM ___ NAME KHANANI, M. HANI NAME STREET ADDRESS 200 S. ORANGE AVENUE, SUITE 1300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition ☐ Change TITLE ☐ Delete **MGRM** TITLE NAME SAIED, MUSTAFA NAME STREET ADDRESS 200 S. ORANGE AVENUE, SUITE 1300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition ☐ Change TITLE MGRM Delete TITLE NAME MORTON, CHARLES IV NAME STREET ADDRESS 200 S. ORANGE AVENUE, SUITE 1300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME

I hereby certify that the information supplied with this filing 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 report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(407) 241 2500