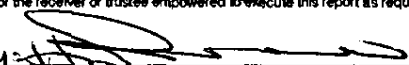


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020383			
1. Entity Name BROADBAND OASIS, LLC			
Principal Place of Business 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON, FL 33431 US		Mailing Address 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 36		Suite, Apt. #, etc. Suite 36	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1158864		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent PIERSON, H. LOGAN 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering) DATE			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	☐ Delete	10. ADDITIONS/CHANGES
NAME	PIERSON, H. LOGAN	☐ Change ☐ Addition	
STREET ADDRESS	2220 S.W. 11TH PLACE		
CITY-ST-ZIP	BOCA RATON, FL 334868611		
TITLE	MGRM	☐ Delete	
NAME	DE REGO, RODNEY P	☐ Change ☐ Addition	
STREET ADDRESS	2996 SABALWOOD COURT		
CITY-ST-ZIP	DELRAY BEACH, FL 334457139		
TITLE		☐ Delete	
NAME		☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME		☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME		☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
11. 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 606, Florida Statutes.			
SIGNATURE: 		4/15/03 504-347-8958	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CHARGE (10/02)

400016698584
04/23/03--01012--019 **\$55.00