2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State **DOCUMENT # L02000013486** 05-01-2006 90095 001 ***650.00 1. Entity Name BURNT STORE CABLE A, L.L.C. Principal Place of Business Mailing Address 4050 20TH STREET WEST 4050 20TH STREET WEST BRADENTON, FL 34201 BRADENTON, FL 34201 2. Principal Place of Business 3. Mailing Address 1718 Main Street 1718 Main Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-LLC CR2E083 (11/05) Suite 300 Suite 300 City & State City & State 4. ÉEL Number Applied For Sarasota, Sarasota, 02-0609367 Not Applicable Zio. Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 34236 USA 34236 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYERS, TROY H JR ESQ. Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bille if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE TITLE MGR Delete **Change** ■ Addition DIGITAL COMMUNITY NETWORKS, INC. DIGITAL COMMUNITY NETWORKS, INC. NAME NAME STREET ADDRESS 4050 20TH STREET WEST STREET ADDRESS 1718 MAIN STREET, SUITE 300 CITY-ST-71P BRADENTON, FL 34201 CITY - ST - ZIP SARASOTA, FL 34236 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TIRE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ 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 filing does not qualify for the exemptions contained in Chapter 119, 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of the same legal effect as if made under oath; the limited liability company of the receiver of the same legal effect as if made under oath; the limited liability company of the receiver of the same legal effect as if made under oath; the liability of DIGITAL COMMUNITY NETWORKS, INC. Robert M. Miscavage, President 4/26/06 941.366.1805 SIGNATURE:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

RINTED NAME OF SIG

FILED