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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 Annual Report

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 25 P 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000020320
Name and Mailing Address

0002911 01 AT 0.292 **AUTO T3 0 0615 32746-214650
KINETICS SUBSCRIBER SERVICES, LLC
615 CRESCENT EXECUTIVE COURT, STE. 200
LAKE MARY FL 32746-2146

CR2E084 (7/03)

2. New Mailing Address
200 Colonial Center Parkway, Ste 300
City, State, Zip
Lake Mary, FL 32746

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 08/09/2002

Principal Place of Business
615 CRESCENT EXECUTIVE COURT, STE. 200
LAKE MARY FL 32746

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
Applied For
X Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

MELNIK, DAVID
3307 LAKE VIEW OAKS DRIVE
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200 Colonial Center Parkway
Suite 300
City Lake Mary FL Zip Code 32746

10. I, being appointed the registered agent above, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David S. Melnik	200 Colonial Center Pkwy, Ste 300	Lake Mary, FL 32746
		400025771674 12/26/03--01039--007 **150.00	
		400025771674 03/25/04--01003--002 **50.00	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the name for dissolved limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. All information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager SIGNATURE REQUIRED Date 12/15/03 Daytime Phone # 407-333-4100

Typed or printed name of signing Managing Member/Manager DAVID S. MELNIK