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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

1. DOCUMENT # L02000020320

Name and Mailing Address

2004 MAR 25 P 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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KINETICS SUBSCRIBER SERVICES, LLC
615 CRESCENT EXECUTIVE COURT, STE. 200
LAKE MARY FL 32746-2146



2. New Mailing Address 200 Colonial Center Parkway, Ste 300 City, State, Zip Lake Mary, FL 32746		4. State/Country of Formation FL	
Principal Place of Business 615 CRESCENT EXECUTIVE COURT, STE. 200 LAKE MARY FL 32746		5. Date Organized or Qualified To Do Business in Florida 08/09/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For ☒ 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 Applicable) 200 Colonial Center Parkway Suite 300 City Lake Mary FL 32746
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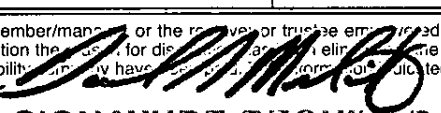
10. I, being appointed the registered agent above, am familiar with and accept the obligations of Chapter 608, F.S.

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 company for dissolution or the 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. I warrant that the 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

CR2E034 (7/03)