## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

Country   Zip   Country   Zip   Country   5. Certificate of Status Desired   \$5.00 Adoline Fee Required   Status Desired   Status Desir	Secretary of State		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1192005 ChgLLC CR2E083 (10/03)  City & Statle  City & Statle Desired  Stress Address of Status Desired  Stress Address of Status Desired  Stress Address of New Registered Agent  Name  Name  Stress Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statle of Florida. I am familiar with, an the obligations of registered agent, or both, in the Statle of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2005  MARK Community NETWORKS, INC.  SIGNATURE  MGR  MGR  MGR  MGR  MGR  MGR  MGR  M			
City & State  Country  Countr			
Zip Country Zip Country 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. TROY H JR. ESQ 2033 MAIN STREET, SUITE 600  SARASOTA, FL 34237  City  FL Zo 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, an the obligations of registered agent.  SIGNATURE  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2005  Photos Department of State  9.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  7/1/12  MGR  Digital COMMUNITY NETWORKS, INC.  NAME  SIREAT ADDRESS  CITY-ST-ZP  BRADENTON, FL 34205  TITLE  MGR  Delete  NAME  SIREAT ADDRESS  SIREAT ADDRESS  SIREAT ADDRESS  SIREAT ADDRESS  SIREAT ADDRESS  SIREAT ADDRESS  CITY-ST-ZP  TITLE  NAME  SIREAT ADDRESS  SIREAT ADDRESS  CITY-ST-ZP  TITLE  NAME  SIREAT ADDRESS  CITY-ST-ZP  TITLE  TITLE  NAME  SIREAT ADDRESS  CITY-ST-ZP  TITLE  TITL	d For plicable		
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Ety FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE  Segnature, typed on Produce agent and bit if applicable.  Filling Fee is \$50.00  Due by May 1, 2005  Make chick payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TITLE  MARE  DIGITAL COMMUNITY NETWORKS, INC.  STREET ADDRESS  CITY-ST-ZIP  TITLE  MARE  MYERS, TROY H JR ESQ  STREET ADDRESS  CITY-ST-ZIP  TITLE  MARE  Delete  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  Change  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  Change  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  Change  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  Change  TITLE  MARE  STREET ADDRESS  CITY-ST-ZIP  Change  STREET AD			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE    Signature, hyped or pireof name of registered agent and bit if specicable.   (NOTE Registered Agent signature regulated when refinated high process agent and bit if specicable.   (NOTE Registered Agent signature regulated when refinated high process agent and bit if specicable.   (NOTE Registered Agent signature regulated when refinated high process agent and bit if specicable.   (NOTE Registered Agent signature regulated when refinated high process agent and bit if specicable.   (NOTE Registered Agent signature regulated when refinated high process agent and bit if specicable.   (NOTE Registered Agent signature regulated when refinated high process agent and bit if specicable.   (NOTE Registered Agent signature regulated when refinated high process			
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11. I hereby certify that the information shipplied with this filling does not qualify for the exemption stated in Section 119,07(3)(f), Florida Statutes, I further certify that the information shipplied with this filling does not qualify for the exemption stated in Section 119,07(3)(f), Florida Statutes, I further certify that the information of the control of th	nation the		
infilled liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: SIGNATURE AND OPED OR PHYTEONAME ORSIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Proces 4	<del></del>		