2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031249

Name:

Address:

City-St-Zip:

421 COPERNIC APT. 14

MONTREAL, QUEBEC, H7N2E2

Entity Name: NEXLEVEL COMMUNICATIONS LLC

FILED May 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11354 S.W. 152ND TERRACE <UNUSED> MIAMI, FL 33157 MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 11354 S.W. 152ND TERRACE MIAMI, FL 33157 FEI Number: 32-0115293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAVANNES, JR, ROLAND Y. CHAVANNES, SANDRO 11354 SW 152ND TERRACE 9905 SW 97 PL MIAMI, FL 33157 MIAMI, FL 33176 US 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. SIGNATURE: SANDRO CHAVANNES 05/19/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROLAND YVES ANTOINE, CHAVANNES JR. Name: Name: Address: 11354 S.W. 152ND TERRACE Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition CHAVANNES, SANDRO M Name: Name: CHAVANNES, SANDRO M Address: 9640 S.W. 138TH AVENUE Address: 9905 SW 97 PL City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33176 Title: MGRM () Delete Title: MGRM (X) Change () Addition LEOPOLD GISCARD BROU, ARD LEOPOLD GISCARD BROU, ARD Name: Name: 10736 S.W. 88TH STREET, UNIT K4 Address: Address: 9825 SW 221 ST City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33190 Title: MGRM () Delete Title: () Change () Addition BROUARD, AUGEREAU

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: SANDRO CHAVANNES **MGRM** 05/19/2006