

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000111379

Entity Name: AM BROADBAND, LLC

FILED  
Jan 25, 2007  
Secretary of State

**Current Principal Place of Business:**

5066 N. HIATUS ROAD  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

5066 N. HIATUS ROAD  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 20-0177107      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:**

MERKIN, STEWART A ESQ.  
444 BRICKELL AVENUE, SUITE 300  
MIAMI, FL 33131      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: STEWARD A MERKIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SYLVESTER, CLIFFORD  
Address: 5066 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: MGR      ( ) Delete  
Name: SYLVESTER, DAVID  
Address: 5066 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: MGR      ( ) Delete  
Name: REYNOLDS, EDWARD  
Address: 5066 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: MGR      ( ) Delete  
Name: NICKEL, STEVEN  
Address: 5066 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: MGR      ( ) Delete  
Name: LOCKHEAD, SCOTT  
Address: 5066 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SYLVESTRE, CLIFFORD  
Address: 5066 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: MGR      (X) Change ( ) Addition  
Name: SYLVESTRE, DAVID  
Address: 5066 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DAVID SYLVESTRE

MGR

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date