## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000111379

Entity Name: AM BROADBAND, LLC

City-St-Zip:

SUNRISE, FL 33351

FILED Jan 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5066 N. HIATUS ROAD SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 5066 N. HIATUS ROAD SUNRISE, FL 33351 FEI Number: 20-0177107 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MERKIN, STEWART A ESQ. 444 BRIĆKELL AVENUE, SUITE 300 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SYLVESTRE, CLIFFORD Name: Name: 5066 N. HIATUS ROAD Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SYLVESTRE, DAVID Name: Name: Address: 5066 N. HIATUS ROAD Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: MGR () Delete Title: () Change () Addition REYNOLDS, EDWARD Name: Name: 5066 N. HIATUS ROAD Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: NICKEL, STEVEN Name: Address: 5066 N. HIATUS ROAD Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition LOCKHEAD, SCOTT Name: Name: 5066 N. HIATUS ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: DAVID SYLVESTRE MGR 01/16/2008