2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L05000111379

Entity Name: AM BROADBAND, LLC

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:

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

Name and Address of New Registered Agent:

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:

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

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 05/01/2009

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