2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050418

Entity Name: PIWAVE, LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7604 MASSACHUSSETTS AVE NEW PORT RICHEY, FL 34653 **Current Mailing Address: New Mailing Address:** 7604 MASSACHUSSETTS AVE NEW PORT RICHEY, FL 34653 FEI Number: 20-4876556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUGHES, ALLYSON 7604 MAŚSACHUSSETTS AVE NEW PORT RICHEY, FL 34653 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete OLAUGHLIN, DAVID M Name: Name: Address: 7604 MASSACHUSSETTS AVE Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: OLAUGHLIN, LAUREN Name: Address: 7604 MASSACHUSSETTS AVE Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OLAUGHLIN, KRISTIN Name: Name: 7604 MASSACHUSSETTS AVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 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: D M OLAUGHLIN MGRM 04/30/2008