2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 17, 2007 8:00 am
Secretary of State
01-17-2007 90007 038 ****50.00

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1. EntityName
WHITEHAWKCOMMUNICATIONS,L.L.C.

20001637

PrincipalPlaceofBusiness	MailingAddress
476RIVERSIDEAVENUE JACKSONVILLE,FL32202	476RIVERSIDEAVENUE JACKSONVILLE,FL32202
2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip Country	Zip Country

01112007 Chg-LLC CR2E083(12/06)

4. FEINumber 41-2215242 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
JOHNSTON,JANC 476RIVERSIDEAVENUE JACKSONVILLE,FL32202	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. TheabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredAgent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent.

SIGNATURE ____________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR JOHNSTON,JANC 476RIVERSIDEAVENUE JACKSONVILLE,FL32202	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionscontainedinchapter119,FloridaStatutes.Ifurthercertifythattheinformationindicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: JAN JOHNSTON [signature] 1-11-07 904-634-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE — Date — DaytimePhone#