2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2008
Secretary of State

DOCUMENT# L06000097915

Entity Name: STORM COMMUNICATIONS, LLC

Current Principal Place of Business:

1886 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Principal Place of Business:

2060 51ST STREET
SARASOTA, FL 34234

Current Mailing Address:

1886 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Mailing Address:

2060 51ST STREET
SARASOTA, FL 34234

FEI Number: 22-3943851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: ZOLL, NICHOLAS
Address: 7018 8TH CT. E
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ZOLL, NICHOLAS
Address: 7018 8TH COURT EAST
City-St-Zip: SARASOTA, FL 34243

Title: MGR ( ) Change (X) Addition
Name: ZOLL, JASON
Address: 6411 TRAVIS ROBERT AVENUE
City-St-Zip: VALRICO, FL 33594

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: NICHOLAS ZOLL MGR 06/18/2008

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