2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000099272



TERRA NOVA COMMUNICATIONS, LLC Principal Place of Business Mailing Address 8354 SAILING LOOP 8354 SAILING LOOP BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 52-2315496 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PULIZZI, LOUISE E Street Address (P.O. Box Number is Not Acceptable) 8354 SAILING LOOP BRADENTON, FL 34202 City Zip Code 8. 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition PULIZZI, LOUISE E. NAME NAME STREET ADDRESS 8354 SAILING LOOP STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT1 F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 941

LOYISE E. PULIZZI

388-0890

FILED Mar 13, 2007 8:00 am

Secretary of State

03-13-2007 90117 043 ****50.00