

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000060835

FILED
Jul 06, 2009
Secretary of State**Entity Name:** FUN TIME CYBERNET, L.L.C.**Current Principal Place of Business:**4795 STATE ROAD 46
MIMS, FL 32754 US**New Principal Place of Business:****Current Mailing Address:**4795 STATE ROAD 46
MIMS, FL 32754 US**New Mailing Address:****FEI Number:** 26-0464434**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HIGGINBOTHAM COMPANIES INC
3790 N. U.S. 1
COCOA, FL 32926 US**Name and Address of New Registered Agent:**HIGGINBOTHAM COMPANIES, INC.
3790 N. U.S. 1
COCOA, FL 32926 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: TRACEY C. HIGGINBOTHAM

07/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: GREEN, SANDRA A
Address: 35 CHERRY BLOSSOM LANE
City-St-Zip: EMPIRE, AL 35063 US**Title:** MGRM () Delete
Name: STEWART, MATTHEW J
Address: 5860 CHERYL DRIVE
City-St-Zip: PINSON, AL 35126 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: GREEN, CURTIS M
Address: 35 CHERRY BLOSSOM LANE
City-St-Zip: EMPIRE, AL 35063 US**Title:** MGRM (X) Change () Addition
Name: STEWART, KAREN B
Address: 5860 CHERYL DRIVE
City-St-Zip: PINSON, AL 35126 US

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: CURTIS M. GREEN

MGRM

07/06/2009

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