2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L08000066867

Entity Name: HSCN LLC

Current Principal Place of Business:

2502 ROCKY POINT DRIVE
SUITE 950
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2502 ROCKY POINT DRIVE
SUITE 950
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 26-4207893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARP & ASSOCIATES, P.A.
4890 W. KENNEDY BLVD.
SUITE 900
TAMPA, FL 33609 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: CFO ( ) Change (X) Addition
Name: STEIN, CRAIG A
Address: 2502 NORTH ROCKY POINT DRIVE, SUITE 950
City-St-Zip: TAMPA, FL 33607 US

Title: EVP ( ) Change (X) Addition
Name: JONES, LARRY F
Address: 2502 NORTH ROCKY POINT DRIVE, SUITE 950
City-St-Zip: TAMPA, FL 33607 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: CRAIG A. STEIN CFO 04/16/2009

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