

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077476

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: IP-TV & WIRELESS SOLUTIONS LLC.

**Current Principal Place of Business:**

8123 N.W. 29 STREET  
DORAL, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

8123 N.W. 29 STREET  
DORAL, FL 33122

**New Mailing Address:**

FEI Number: 90-0410505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANTOS, NELDO  
1571 SOUTH TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141 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: MGRM ( ) Delete  
Name: SANTOS, NELDO  
Address: 1571 SOUTH TREASURE DRIVE  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGRM ( ) Delete  
Name: ARIZTIA O'BRIEN, CONRADO  
Address: 8123 N.W. 29 STREET  
City-St-Zip: DORAL, FL 33122

Title: MGRM ( ) Delete  
Name: LARRAIN ARIZTIA, FELIPE  
Address: 8123 N.W. 29 STREET  
City-St-Zip: DORAL, FL 33122

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NELDO SANTOS

MGRM

04/24/2009

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