2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L99000004102 02-01-2008 90047 035 ***138.75 ATLANTIC AMERICAN INTERNET INVESTMENTS, LLC იიიიმეჭც Principal Place of Business Mailing Address 101 E KENNEDY BLVD 101 E KENNEDY BLVD **SUITE 3300 SUITE 3300** TAMPA, FL 33602 TAMPA, FL 33602 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-LLC CR2E083 (12/06) City & State City & State 4 FELNumber Applied For 59-3586130 Not Applicable Zip 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 GORDON, BRAD Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD **SUITE 3300** TAMPA, FL 33602 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 the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicables FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition MICHAELS, JR., J. PATRICK NAME NAME 101 E. KENNEDY BLVD., SUITE 3300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP MGR ☐ Delete TITLE TITLE Change Addition NAME GORDON, BRAD A NAME STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 3300 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CHY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ■ Addition NAME NAME

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND FRED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-7/P

FILED Feb 01, 2008 8:00 am