2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT (AR) May 04, 2007 8:00 am Secretary of State DOCUMENT # M00000000012 1. Entity Name 05-04-2007 90318 015 ****50.00 CORE TEC COMMUNICATIONS, LLC Principal Place of Business Mailing Address 124 ROBIN ROAD 124 ROBIN ROAD SUITE 1600 ALTAMONTE SPRINGS FL 32701 SUITE 1600 ALTAMONTE SPRINGS FL 32701 3. Mailing Address 2950 Cake Emma Road Principal Place of Business - No.P.O. Box # 2950 Lake Emma Road Suite, Apt. #, etc. Suite 1030 Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Suite 1030 City & State City & State 4. FEI Number Applied For 06-1566287 Not Applicable \$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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title il applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM ☐ Delete THRE Change ☐ Addition Daryadel, Hadi M 164 Nomatina Terrace NAME: DADADEL, HEDI M STREET ADDRESS STREET ADDRESS 1364 BRANCH HILL COURT CITY - ST- ZIP APOPKA FL 32712 CITY-ST-ZIP TITLE ☐ Delete **MGRM** ___Change Addition NAME DARYADEL, MEHDI M NAME 5093 Howks Hammook way STREET ADDRESS STREET ADDRESS 116 CHANNEL DR CITY - ST- ZIP LAKE MARY FL 32746 CITY ST-7IP TITLE HELE -□ Delete -Addition Change NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIE CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-S1-ZIP THILL ☐ Delete Ш ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

M. Mohdi Daiyadel, Pres

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OPAUTHORIZED REPRESENTATIVE