

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 26, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000000556**1. Entity Name  
FPL FIBERNET, LLC

Principal Place of Business	Mailing Address
9250 W. FLAGLER STREET	9250 W. FLAGLER STREET
MIAMI FL 33174	MIAMI FL 33174

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	700 UNIVERSE BOULEVARD
City & State	ATTN: DENNIS P. COYLE
Zip	City & State
Country	Country
33408	JUNO BEACH FL
US	

4. FEI Number  
**65-0976766**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LEON J.E.  
9250 W. FLAGLER STREET  
MIAMI FL 33174**7. Name and Address of New Registered Agent**Name  
LEON J.E.  
Street Address (P.O. Box Number is Not Acceptable)  
9250 W. FLAGLER STREET  
City MIAMI FL Zip Code 33174

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.

SIGNATURE \_\_\_\_\_ DATE **03/26/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FPL CAPITAL GROUP INC.	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FPL CAPITAL GROUP INC	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE: JAMES L. BROADHEAD**

MGR 03/26/2001

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

Date

Daytime Phone #

CR2E083 (11/00)