

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 08, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000002539****1. Entity Name**  
SATTEL BROADBAND SERVICES, LLC

<b>Principal Place of Business</b> 601 SKOKIE BLVD., STE. 501  NORTHBROOK IL 600622821	<b>Mailing Address</b> 601 SKOKIE BLVD., STE. 501  NORTHBROOK IL 600622821
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <b>36-4382891</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324 US	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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** \_\_\_\_\_ **02/08/2001**  
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**

<b>9. MANAGING MEMBERS / MEMBERS</b>		<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> DEALBA LARRY VP 601 SKOKIE BOULEVARD, SUITE 501 NORTHBROOK IL 60062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> YOUNG ROBERT APRES 601 SKOKIE BOULEVARD, SUITE 501 NORTHBROOK IL 60062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> SIGESMUND MICHAEL ICFO 601 SKOKIE BOULEVARD, SUITE 501 NORTHBROOK IL 60062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Michael I. Sigesmund **CFO** **02/08/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)