2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am Secretary of State DOCUMENT # M0100002111 1. Entity Name 05-08-2002 90079 040 ****50.00 HOA BROADBAND I, LLC Principal Place of Business Mailing Address 3103 PHILMONT AVENUE 3103 PHILMONT AVENUE **HUNTINGTON VALLEY PA 19006 HUNTINGTON VALLEY PA 19006** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-3018261 Not Applicable Zip Country 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE Change ☐ Addition TOLL, ROBERT I NAME NAME STREET ADDRESS 3103 PHILMONT AVENUE STREET ADDRESS CITY-ST-ZIF **HUNTINGTON VALLEY PA** CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME BARZILAY, ZVI NAME STREET ADDRESS 3103 PHILMONT AVENUE STREET ADDRESS CITY-ST-ZIP **HUNTINGTON VALLEY PA** CITY-ST-ZIP MGR TITLE Delete TITLE Change ☐ Addition RASSMAN, JOEL H NAME NAME STREET ADDRESS 3103 PHILMONT AVENUE STREET ADDRESS CITY-ST-7IP HUNTINGTON VALLEY PA CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **X** Addition Kenneth J. Gary NAME STREET ADDRESS STREET ADDRESS 3103 Philmont Avenue CITY-ST-ZIP CITY-ST-ZIP Huntingdon Valley, PA 19006 TITLE ☐ Delete TITLE ☐ Change Addition 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 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.

Kenneth J. Gary

SIGNATURE:

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

4/25/02

Date

(215) 938-8000

Daytime Phone #

FILED