

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002337

FILED  
Jul 03, 2007  
Secretary of State

**Entity Name:** COLUMBUS NETWORKS INTERNATIONAL, LLC

**Current Principal Place of Business:**

15950 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

15950 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 04-3597317      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: PADDICK, BRENDAN  
Address: 15950 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: PRES ( ) Delete  
Name: SCOTT, PAUL  
Address: 15950 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP ( ) Delete  
Name: CARTWRIGHT, DEXTER B  
Address: 15950 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SECY ( ) Delete  
Name: DI TRAGLIA, KRISTIN  
Address: 15950 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: EVP ( ) Delete  
Name: COLLINS, PETER  
Address: 15950 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEXTER CARTWRIGHT

VP

07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date