## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M01000002337

15950 WEST DIXIE HIGHWAY

NORTH MIAMI BEACH, FL 33162

Address:

City-St-Zip:

Entity Name: COLUMBUS NETWORKS INTERNATIONAL, LLC

FILED Jul 10, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15950 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162 **Current Mailing Address: New Mailing Address:** 15950 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162 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 UNITED CORPORATE SERVICES, INC. 1201 HAYS STREET 9200 SOUTH DADELAND BOULEVARD TALLAHASSEE, FL 323012525 US SUITE 508 MIAMI, FL 33156 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: MICHAEL A BARR 07/10/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: CEO Title: () Change () Addition () Delete PADDICK, BRENDAN Name: Name: 15950 WEST DIXIE HIGHWAY Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: Title: () Delete () Change () Addition SCOTT, PAUL Name: Name: Address: 15950 WEST DIXIE HIGHWAY Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: () Delete Title: () Change () Addition CARTWRIGHT, DEXTER B Name: Name: 15950 WEST DIXIE HIGHWAY Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: SECY Title: SECY LAGERGREN, KRISTIN Name: DI TRAGLIA, KRISTIN Name: 15950 WEST DIXIE HIGHWAY Address: Address: 15950 WEST DIXIE HIGHWAY City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162 Title: **FVP** () Delete Title: () Change () Addition COLLINS, PETER Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KRISTIN LAGERGREN SEC 07/10/2008