

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000001451

FILED
Oct 10, 2005
Secretary of State

Entity Name: PEAKDATA LLC

Current Principal Place of Business:

6273 MONARCH PARK PLACE
NIWOT, CO 80503

New Principal Place of Business:

6309 MONARCH PARK PLACE
SUITE 220
NIWOT, CO 80503

Current Mailing Address:

6273 MONARCH PARK PLACE
NIWOT, CO 80503

New Mailing Address:

6309 MONARCH PARK PLACE
SUITE 220
NIWOT, CO 80503

FEI Number: 75-3014415 **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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: JAMES MARTIN

10/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KARIM, SAEED
Address: 6273 MONARCH PARK PLACE
City-St-Zip: NIWOT, CO 80503

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KARIM, SAEED
Address: 6309 MONARCH PARK PLACE
City-St-Zip: NIWOT, CO 80503

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAEED KARIM

MGR

10/10/2005

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