2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2005
Secretary of State

DOCUMENT# M03000004139

Entity Name: LIGHTYEAR NETWORK SOLUTIONS, LLC

Current Principal Place of Business:

201 E MAIN STREET, SUITE 1000
LEXINGTON, KY 40507

New Principal Place of Business:

1901 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

Current Mailing Address:

201 E MAIN STREET, SUITE 1000
LEXINGTON, KY 40507

New Mailing Address:

1901 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

FEI Number: 38-3693425 **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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: J. SHERMAN HENDERSON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	RICE, W. BRENT	
Address:	1901 EASTPOINT PKWY	
City-St-Zip:	LOUISVILLE, KY 40223	
Title:	MGR	( ) Delete
Name:	HENDERSON, SHERMAN J	
Address:	1901 EASTPOINT PKWY	
City-St-Zip:	LOUISVILLE, KY 40223	
Title:	MGR	( ) Delete
Name:	SULLIVAN, CHRIS	
Address:	1901 EASTPOINT PKWY	
City-St-Zip:	LOUISVILLE, KY 40223	
Title:	MGR	( ) Delete
Name:	DEES, RICK	
Address:	1901 EASTPOINT PKWY	
City-St-Zip:	LOUISVILLE, KY 40223	
Title:	MGR	( ) Delete
Name:	CARMICLE, RONALD	
Address:	1901 EASTPOINT PKWY	
City-St-Zip:	LOUISVILLE, KY 40223	

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 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: J. SHERMAN HENDERSON MGR 10/13/2005

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