

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90202 001 \*\*\*\*50.00

**DOCUMENT # M04000001217**

1. Entity Name  
AM BROADBAND, LLC



Principal Place of Business  
80 VANDERBILT AVE  
WEST HARTFORD, CT 06107

Mailing Address  
80 VANDERBILT AVE  
WEST HARTFORD, CT 06107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0177107

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM  
NAME: SYLVESTRE, DONNA  
STREET ADDRESS: 80 VANDERBILT AVE  
CITY-ST-ZIP: WEST HARTFORD, CT 06107 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: MGRM  
NAME: SYLVESTRE, JOANNE  
STREET ADDRESS: 80 VANDERBILT AVE  
CITY-ST-ZIP: WEST HARTFORD, CT 06107 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: MGRM  
NAME: REYNOLDS, EDWARD  
STREET ADDRESS: 80 VANDERBILT AVE  
CITY-ST-ZIP: WEST HARTFORD, CT 06107 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: MGRM  
NAME: LOCHHEAD, LEE-ANN  
STREET ADDRESS: 80 VANDERBILT AVE  
CITY-ST-ZIP: WEST HARTFORD, CT 06107 ☒ Delete

TITLE: MGRM  
NAME: Lochhead, Scott  
STREET ADDRESS: 80 Vanderbilt Ave.  
CITY-ST-ZIP: West Hartford, CT 06107 ☐ Change ☒ Addition

TITLE: MGRM  
NAME: NICKEL, STEVEN L  
STREET ADDRESS: 80 VANDERBILT AVE  
CITY-ST-ZIP: WEST HARTFORD, CT 06107 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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.

SIGNATURE: *Joanne Sylvestre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

860-546-1055

Date

Daytime Phone #