2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 15, 2007
Secretary of State

DOCUMENT# M05000003690

Entity Name: SOUNDBUSINESS OF FLORIDA, LLC

Current Principal Place of Business:

C/O CT CORPORATION
CORPORATION TRUST CENTER, 1209 ORANGE ST
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

C/O CT CORPORATION
CORPORATION TRUST CENTER, 1209 ORANGE ST
WILMINGTON, DE 19801

New Mailing Address:

FEI Number: 20-4226037 **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: OWEN, BONNIE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SOUNDCOM OF FLORIDA,, LLC	
Address:	1000 NORTH DIXIE HIGHWAY, SUITE A	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	CEO	( ) Delete
Name:	CAVALLI, RICHARD	
Address:	1000 NORTH DIXIE HIGHWAY, SUITE A	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	THOMAS, BRITT	
Address:	1000 NORTH DIXIE HIGHWAY, SUITE A	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	CFO	( ) Delete
Name:	OWEN, BONNIE	
Address:	1000 NORTH DIXIE HIGHWAY, SUITE A	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	MGR	( ) Delete
Name:	MELNICK, MARC	
Address:	1000 NORTH DIXIE HIGHWAY, SUITE A	
City-St-Zip:	WEST PALM BEACH, FL 33401	

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: OWEN, BONNIE CFO 10/15/2007

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