

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000001098

FILED
Nov 12, 2007
Secretary of State

Entity Name: OUTERBRIDGE NETWORKS LLC

Current Principal Place of Business:

C/O ISAAC FOSTER
1901 S. HARBOR CITY BLVD., SUITE 640
MELBOURNE, FL 32901

New Principal Place of Business:

C/O ISAAC FOSTER
7801 ELLIS ROAD SUITE A
W MELBOURNE, FL 32904

Current Mailing Address:

C/O ISAAC FOSTER
1901 S. HARBOR CITY BLVD., SUITE 640
MELBOURNE, FL 32901

New Mailing Address:

C/O ISAAC FOSTER
7801 ELLIS ROAD SUITE A
W MELBOURNE, FL 32904

FEI Number: 20-4354183 **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:

FOSTER, ISAAC
7801 ELLIS ROAD STE A
WEST MELBOURNE, FL 32904 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: ISAAC FOSTER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: MELBOURNE PARTNERS L, LC
Address: 1901 S. HARBOR CITY BLVD., SUITE 640
City-St-Zip: MELBOURNE, FL 32901

Title: MGR (X) Change () Addition
Name: MELBOURNE PARTNERS L, LC
Address: 7801 ELLIS ROAD SUITE A
City-St-Zip: W MELBOURNE, FL 32904

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: ISAAC FOSTER

PTNR

11/12/2007

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