

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
08 JAN 14 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |     |                                                                 |                                                                                                            |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # M06000003232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |     |                                                                 |                           |                                                                   |
| 1. Entity Name<br><b>HOMETOWN BROADBAND ORLANDO, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |     |                                                                 |                                                                                                            |                                                                   |
| Principal Place of Business<br><b>32 NASSAU ST.<br/>PRINCETON, NJ 08542</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |     | Mailing Address<br><b>32 NASSAU ST.<br/>PRINCETON, NJ 08542</b> |                                                                                                            |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |     | 3. Mailing Address                                              |                                                                                                            |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |     | Suite, Apt. #, etc.                                             |                                                                                                            |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |     | City & State                                                    |                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country                                                                                                | Zip | Country                                                         | 4. FEI Number                                                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |     |                                                                 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |     |                                                                 | 7. Name and Address of New Registered Agent                                                                |                                                                   |
| <b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |     |                                                                 | Name                                                                                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |     |                                                                 | Street Address (P.O. Box Number is Not Acceptable)                                                         |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |     |                                                                 | City                                                                                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |     |                                                                 | 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 <u>Cynthia L. Harris</u><br><small>Signature, typed or printed name of registered agent and fee if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |     |                                                                 | DATE <u>1/12/08</u><br><small>DATE</small>                                                                 |                                                                   |
| FILE NOW!! FEE IS \$377.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |     |                                                                 | Make check payable to<br>Florida Department of State                                                       |                                                                   |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |     |                                                                 | 10. ADDITIONS/CHANGES                                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MGR<br>HOMETOWN BROADBAND, LLC<br>32 NASSAU ST.<br>PRINCETON, NJ 08542 <input type="checkbox"/> Delete |     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                        |     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                        |     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                        |     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                        |     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                        |     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>REINSTATEMENT 2 007-2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |     |                                                                 | 500115015385                                                                                               |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |     |                                                                 |                                                                                                            |                                                                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                        |     |                                                                 |                                                                                                            |                                                                   |
| SIGNATURE: <u>Auth. Rep.</u> 1-11-08 440-247-7501                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |     |                                                                 |                                                                                                            |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |     |                                                                 |                                                                                                            |                                                                   |



CORPORATION SERVICE COMPANY

M 06 000003232

ACCOUNT NO. : 072100000032

REFERENCE : 375913 7466653

AUTHORIZATION

COST LIMIT : \$ 377.50

ORDER DATE : December 24, 2007

ORDER TIME : 8:39 AM

ORDER NO. : 375913-040

CUSTOMER NO: 7466653

REINSTATEMENT

NAME: HOMETOWN BROADBAND ORLANDO,  
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS

BK

RECEIVED  
08 JAN 14 4:10 PM  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 JAN 14 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08 JAN 14 AM 10:50  
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