, c , s , s , 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

2 :	007 LIMITED LIA REINSTA	FILE					
DOCUMENT # M0600007210 1. Entity Name DIRECTSAT USA, LLC					OTOCTIO AM 9: 29 TALLAHASSEE FLORIOA	; ?	
Principal Place of Business 1777 SENTRY PARKWAY WEST, SUITE 302 BLUE BELL, PA 19422-2227		Mailing Address 1777 Sentry Parkway West, Suite 302 Blue Bell, Pa 19422-2227		SK TORIOA		22 61 4 EH A a fi	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #. etc.		Suite, Apt. #, etc.			E101 (1/07)		
City & State		City & State		4. FEI Number 20-1673465		polied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$5.00 Add	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered	Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					s (P.O. Box Number is Not Acceptable)		
			:	City	Fi	Zip Cod	le
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 like obligations of registered agent. SIGNATURE Signature, typed or printed agent and the if applicable. (NOTE: Registered Agent alignature regulated when reinstating) DATE							
File NOWILL FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			140	3K	Make check Elorical Departs	ent of State	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR KESTENBAUM, JOSEPH 1777 SENTRY PARKWAY WEST BLUE BELL, PA 194222227	☑ Delete		HIS	ADDITIONS/CHANGES PARTLEDAY WEST, PE BELL, DA 19422	Change SUITE	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		MGA GAC ET ADDRESS (D. 7		□ Change <i>GT</i> , <i>Su</i> , 1 227	GAddition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1		_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	•	ŧ	00011066	0 Change 7920	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DEINCT	TITLE NAME STREE	ADDRESS ALT	2007	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dalete	CITY-	T ADDRESS ST-ZIP		☐ Change	Addition
11. I hereby certify that the information supplied with this lifting 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIEWAY KRUDER 62264 5000 1000 1000 1000 1000 1000 1000 100							
JIGITAI	SIGNATURE AND TYPED OR RENTER NAME OF	BIGNING MANAGING MEMBER, MANA	SER, OR	UTHORIZED REPRES	BENTATIVE Dole D	aytime Phone if	

ACCOUNT NO. : 07210000032 DEPARTMENT OF STATE TALLAHASSEE FLORIONS

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: October 10, 2007

ORDER TIME : 3:31 PM

ORDER NO. : 266925-010

BK

CUSTOMER NO: 7453040

REINSTATEMENT

NAME: DIRECTSAT USA, LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINÉR'S INITIALS