FILE NOW: Fee after May 1, will be \$588.75

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | LORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | FILE | ΞD | | | |
|---|--|---------------------------------|---|---|--|-----------|--------------|-----------------------|--|
| FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | 97 MAR 17 AM 9: 00 | | | | |
| 1 Name and Mailing Address of Limited Liability Company DOCUMENT #M96000000255 | | | | | SECRETARY OF STATE IALI AHASSEE FI ORIDA 1a. Principal Place of Business Rodress Rodress | | | | |
| SATTEL STREAMRAMP, LLC 26025 Mureau Road Calabasas, CA 91302 | | | | | 26025 Mureau Road Calabasas, CA 91302 | | | | |
| If above mailing address is incorrect in any way, If 2 Principal Place of Business | ng Address | | | 3. Date Organize | ed or Qualified | 3a. State | of Formation | | |
| [| | 25 Mureau Road | | 07/15/199 | 96 | NV | | | |
| Suite, Apr. W. Ste. | | э, ж µс. ж, ө сс. | | | 4. FEI Number | | | Applied For | |
| City & State City & Calabasas, CA Calabasas, CA | | State Abasas, CA | | | 95-4584495 | | | Not Applicable | |
| 7/p Country 91302 | 9130 | | Country | / | 5. Date of Last F First Re | | l | ate of Status Desired | |
| 7. Name and Address of Current Registered | | | | | 6. Name and Address of New Registe | | egistered Ag | stered Agent | |
| NRAT SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 | | - | Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code | | | | | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited flability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE 2-25-97 | | | | | | | | | |
| 10. Title Managing Members/Ma | Business Street Address | | | City, State and Zip Code | | | | | |
| MGR FIEDLER, JAMES | 26025 Mureau Road | | | Calabasas, CA 91302 | | | | | |
| MGR LATHAM, DANIEL | 26025 Mureau Road | | | Calabasas, CA 91302 | | | | | |
| | | | | 0000021177803 -03/19/9701041014 *****203.75 *****203.75 | | | | | |
| 11. I do hereby certify that the information supplindicated on this annual report is true and acc | | | | | | | | | |
| limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: 3/25/97 8/18-878-77/10 | | | | | | | | | |
| | ND TYPED OF VHINYED | NAME OF SIGNING I | MANAGING M | IEMBER OR MANAGER | | Date | | Paylime Phone # | |