File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS on APR 28 PF: 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # M96000000255** 1s. Principal Place of Business Address SATTEL STREAMRAMP, LLC PO BOX 6699 4360 PARK TERRACE DR. THOUSAND OAKS CA 91359 WESTLAKE VILLAGE CA 91361 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 07/15/1996 NV Suite Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 95-4584495 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zıp Country Zip Country \$8.75 Additional Fee Required 03/05/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office NRAI SERVICES, INC. 526 E. PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 4360 PARK TERRACE DR. MGR FIEDLER, JAMES WESTLAKE VILLAGE CA WESTLAKE VILLAGE CA MGR LATHAM, DANIEL 4360 PARK TERRACE DR. 800002868688---1 -05/07/99--01161--005 \*\*\*\*188.75/\*\*\*\*188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 extracte this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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attachment with an address.

SIGNATURE:

DIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

James J. Fiedler, 4/2/99 (818)735-7600