

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

M99 00000628

1. Limited Liability Company's Name

Slingshot Networks, LLC

**REINSTATEMENT**

2000  
2001

2. Principal Office Address

950 17th Street

Suite, Apt. #, etc.

Suite 2050

City & State

Denver, CO

Zip

80202

Country

USA

3. Mailing Office Address

950 17th Street

Suite, Apt. # etc.

Suite 2050

City & State

Denver, CO

Zip

80202

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida  
10/14/99

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip  
33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Katherine Harris

Date

12/29/00

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City, State, Zip
Mgr.	Philip F. Anschutz	555 17th Street, Suite 2400	Denver, CO 80202
Mgr.	Scott T. Carpenter	555 17th Street, Suite 2400	Denver, CO 80202
Mgr.	Craig D. Slater	555 17th Street, Suite 2400	Denver, CO 80202
Mgr.	Joseph P. Nacchio	1801 California Street	Denver, CO 80202
Mgr.	Drake S. Tempest	1801 California Street	Denver, CO 80202
Mgr.	Lewis O. Wilks	1801 California Street	Denver, CO 80202

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.

Signature of  
Managing Member/Manager

Brad H. Hamilton

Date

12/29/00

Daytime Phone # 720-932-7012

Typed or printed name of signing Managing Member/Manager Brad H. Hamilton, Vice President and General Counsel