

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004432

FILED
May 18, 2010
Secretary of State

Entity Name: MIAMI-DADE BROADBAND COALITION, INC.

Current Principal Place of Business:

ATTN: RODERICK N PETREY
150 SE 2ND AVENUE SUITE 709
MIAMI, FL 33131

New Principal Place of Business:

ATTN: KIM ROMANER C/O COLLINS CENTER
100 N. BISCAYNE BLVD., SUITE 1900
MIAMI, FL 33132

Current Mailing Address:

ATTN: RODERICK N PETREY
150 SE 2ND AVENUE SUITE 709
MIAMI, FL 33131

New Mailing Address:

ATTN: KIM ROMANER C/O COLLINS CENTER
100 N. BISCAYNE BLVD., SUITE 1900
MIAMI, FL 33132

FEI Number: 27-0407368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETREY, RODERICK N ESQ
150 SE 2ND AVENUE SUITE 709
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PETREY, RODERICK N ESQ
100 N. BISCAYNE BLVD., SUITE 1900
MIAMI, FL 33132 US

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.

SIGNATURE:

05/18/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MARCILLE, KIM
Address: 415 EAST SHORELINE DRIVE
City-St-Zip: NORTH AUGUSTA, SC 29841

Title: D
Name: QUICK, LINDA
Address: 6030 HOLLYWOOD BLVD, SUITE 140
City-St-Zip: HOLLYWOOD, FL 33024

Title: D
Name: KORINIS, PETER
Address: 444 S.W. 2ND AVE., SUITE 1015
City-St-Zip: MIAMI, FL 33130

Title: D
Name: ZELMAN, JACKIE
Address: GABLES ONE TOWER 1100G 1324 S. DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: PATON, DOUG
Address: 1 HARBOURSIDE DRIVE #4307
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM MARCILLE

D

05/18/2010

Electronic Signature of Signing Officer or Director

Date