## 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000118648** 05 NOV 29 PH 1:27 CONTINENTAL BROADBAND FLORIDA, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 150 W BRAMBLETON AVE 150 W BRAMBLETON AVE NORFOLK, VA 23510 NORFOLK, VA 23510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (6/04) 10062005 REIN-P Applied For City & State City & State 4. FEI Numbe Not Applicable Country Zin Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 the obligations of registered Judith B. Argao (NOTE: ASSLAS ACTE I SUM CANALITY SIDE OF THE SIDE OF Signature, type FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE TITL F Delete ANSTROM, S. DECKER NAME NAME STREET ADDRESS 150 W BRAMBLETON AVE STREET ADORESS NORFOLK, VA 23510 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE BATTEN, FRANK JR NAME NAME STREET ADDRESS 150 W BRAMBLETON AVE STREET ADDRESS CITY-ST-ZIP NORFOLK, VA 23510 CITY-ST-ZIP Change Addition TITLE □ Delete FRIDDELL, GUY R NAME NAME STREET ADDRESS STREET ADDRESS 150 W BRAMBLETON AVE NORFOLK, VA 23510 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 40006068965<u>4</u> CITY-ST-ZIP CITY-ST-ZIP \*\*750.00 ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP T Addition ☐ Delete TITLE TITLE -NAME NAME ----- 1707

12. I 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 report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

Jusan J. Goetz

STREET ADDRESS