2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # P98000087925 1. Entity Name 03-01-2006 90005 008 ***150.00 ATLANTIC.NET BROADBAND, INC. Principal Place of Business Mailing Address 2815 NW 13TH ST. 2815 NW 13TH ST., #201 SUITE 201 **GAINESVILLE FL 32609** GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3556004 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYOUB, PAUL Street Address (P.O. Box Number is Not Acceptable) 2815 NW 13TH ST., #201 GAINESVILLE FL 32609 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 agent. SIGNATURE Paul Ayoub Signature, ryped or printed hame of registered agent and talle it applicable. 1/20/6 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition PURANIK, MANOJ NAME STREET ADDRESS 914 SW 56 TERR STREET ADDRESS CITY-ST-ZIP GAINSVILLE FL 32607 CITY-ST-ZiP TITLE Delete ☐ Change ☐ Addition AYOUB, PAUL NAME NAME STREET ADDRESS 3618 NW 64TH LANE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32653** CITY-ST-ZIP . Detete. TITLE Change □ Addition HISCOCK, NEAL 2815 NW 1375 St. Ste. 201 HICCOCK, NEITZ NAME STREET ADDRESS STREET ADDRESS 2015 NW 18TH ST, # 201 Gainesville, Fl. 32609 CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32609** ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

FILED