RI SOS Filing Number: 200702957750 Date: 10/26/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
000142062	BROADBAND DYNAMICS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
AZ	PROVIDER OF TELECOMMUNICATION SERVICES

5. Principal office address	City	State	Zip
8757 EAST VIA DE COMMERCIO, FIRST FLOOR	SCOTTSDALE	AZ	85258

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
BROADBAND DYNAMICS, LLC	

Street Address	City	State	Zip
8757 EAST VIA DE COMMERCIO, FIRST FLOOR	SCOTTSDALE	AZ	85258

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
ROBERT S. RIFE	
Street Address	Street Address
8757 EAST VIA DE COMMERCIO, FIRST FLOOR	
City / State / Zip	City / State / Zip
SCOTTSDALE / AZ / 85258	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
TCS CORPORATE SERVICES, INC.		
Address	City	Zip
222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 000142062 [redacted]

FILED

File Date OCT 26 2007

Check No. By

By:

FOR SECRETARY OF STATE USE ONLY
16171-82-198888

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person *Date*

Robert S. Rife
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07