## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2000

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.		•		
		dentification Information							
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	first return/report	final return/report						
		an amended return/report	short plar	year return/report (less than 12 mo	nths)				
С	Check box if filing under:	c extension DFVC program							
	C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ special extension (enter description)								
Da	rt II Basic Plan Infor	mation—enter all requested inform							
	Name of plan	mation—enter all requested inform	nation		1h	Three-digit			
		TIONS, INC. PROFIT SHARING PLA	N		טו	plan number			
DI CO	ADD/ADD TELECOMMONIO/(1	TOTO, INC. I NOT IT OF MICHOELE				(PN) <b>•</b>	002		
					1c	Effective date o	f plan		
						01/01/2	000		
	•	ress (employer, if for single-employe	r plan)		2b	fication Numb	er		
BRO	ADBAND TELECOMMUNICAT	TIONS, INC.			_	(EIN) 59-248			
000 1	IODTH FAOT AVENUE				2c	elephone nur	nber		
	NORTH EAST AVENUE AMA CITY, FL 32401				2d	850-78 Business code		ne)	
						517000		110)	
		d address (if same as Plan sponsor, e	enter "Same	9")	3b	Administrator's	EIN		
BRO	ADBAND TELECOMMUNICAT	TIONS, INC. 900 NORTH PANAMA C				59-248			
		TANAMAC	111,11324		3с	Administrator's		nber	
4 1	f the name and/or FIN of the ni	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	850-785-2911 <b>4b</b> EIN				
		er from the last return/report. Spons		port med for this plant, effect the	40	EIIN			
					4c	IC PN			
5a	Total number of participants a	t the beginning of the plan year			5a	33			
b	Total number of participants a	t the end of the plan year			5b			27	
С	Total number of participants v	vith account balances as of the end o	of the plan y	ear (defined benefit plans do not					
					5c			26	
6a	Were all of the plan's assets	during the plan year invested in eligil	ble assets?	(See instructions.)			X Yes	No	
b		the annual examination and report of					Voc □	No	
		(See instructions on waiver eligibility her 6a or 6b, the plan cannot use F					× Yes	INO	
Pa	rt III Financial Inform		-01111 3300-	SF and must mistead use Form 55	υυ.				
7	Plan Assets and Liabilities			(a) Baginning of Voca		(b) End of Year			
-	Total plan assets		7-	(a) Beginning of Year	-	(b) End		3089	
	. o.a. p.a access		7a	250040	+		20	3003	
b	<b>'</b>						20	2000	
<u>C</u>		7b from line 7a)	7с	298545	)	283089			
8	Income, Expenses, and Trans			(a) Amount		(b)	<u> </u>		
а	Contributions received or received (1) Employers	ervable from:	8a(1)						
	` , , ,		- ' '						
		3)							
b	, ,			39232	,				
C	, ,	, 8a(2), 8a(3), and 8b)		00202			3	9232	
d		rollovers and insurance premiums	00					OLUL	
<b>-</b>			8d	54688	3				
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e						
f	Administrative service provide	ers (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)					5	4688	
i		ie 8h from line 8c)					-1	5456	
i		see instructions)							

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	٧	Compliance Questions									
0	During the plan year:					Yes	No	P	Amount		
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)			10b		X				
С	Wa	s the plan covered by a fidelity bond?			10c	X				150000	
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?			10d		X				
е	insı	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)			10e		X				
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Χ				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)					X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the			10i		X				
art	VI	Pension Funding Compliance								<u>.</u>	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							X No			
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							X No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.									
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar								
If v	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			th		Day		rear		
-				-		Γ	12b				
		Enter the minimum required contribution for this plan year					12c				
		Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
u							12d				
е	Will	Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes	No	N/A	
art	VII	Plan Terminations and Transfers of Assets									
3а	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	?		<u></u>			Yes	X No	
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a				
b		Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No			
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)										
1	13c(1) Name of plan(s):					130	c(2) El	N(s)	13c(3)	PN(s)	
Caut	ion.	A penalty for the late or incomplete filing of this return/report w	will be assessed i	ınless reasonahl	e can	ise is	establ	ished	_1		
Jnde SB o	r per r Sch	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e	examined this retu	ırn/rep	ort, in	cluding	g, if applicab			
SIGI	, F	Filed with authorized/valid electronic signature.  07/13/2010  JAMES DAVIS									
HER		Signature of plan administrator Date Enter name of i				vidual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor