


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90352 024 ****50.00

DOCUMENT # L03000030118

1. Entity Name
VISUAL SCRIPTS, L.L.C.



24030600

Principal Place of Business Mailing Address
999 DOUGLAS AVENUE STE. 3333 **999 DOUGLAS AVENUE STE. 3333**
ALTAMONTE SPRINGS, FL 32714 **ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
03-0525645 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SALFI, DOMINICK J 999 DOUGLAS AVENUE STE. 3333 ALTAMONTE SPRINGS, FL 32714 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT ABIBAIL J.S. MCCORD 1350 BRISTOL PARK PLACE HEATHROW FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice PRESIDENT ANDREA GAYLE HAIR 350 MARKHAM WOODS RD LONGWOOD FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Andrea Gayle Hair **ANDREA GAYLE HAIR** 4-19-04 407 774-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #