


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90073 006 ***138.75

DOCUMENT # L07000103389

1. Entity Name
 HIS WORD BAND, L.L.C.



Principal Place of Business
 8202 132ND STREET NORTH
 SEMINOLE, FL 33776-3114

Mailing Address
 8202 132ND STREET NORTH
 SEMINOLE, FL 33776-3114

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01302008 Chg-LLC CR2E083 (12/06)



6. Name and Address of Current Registered Agent

OVERTON, WILLIAM H
 8202 132ND STREET NORTH
 SEMINOLE, FL 33776-3114

7. Name and Address of New Registered Agent

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERTON, BRIAN H		NAME	Tunnell, Janet	
STREET ADDRESS	8202 132ND STREET NORTH		STREET ADDRESS	2435 YORK ST. N.	
CITY-ST-ZIP	SEMINOLE, FL 337763114		CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERTON, WILLIAM E		NAME	Rendeos, Omar	
STREET ADDRESS	410 SAND MEADOW COURT		STREET ADDRESS	6420 North Clark Avenue	
CITY-ST-ZIP	FLETCHER, NC 28732		CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHM, J R		NAME		
STREET ADDRESS	8577 LANTANA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33777		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTON, ROBERT		NAME		
STREET ADDRESS	5598 57TH AVENUE N.		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brian H. Overton Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE