

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001218

1. Entity Name
VIDEO 500 CO., LLC



Principal Place of Business
3252 N.E. SKYLINE DRIVE
JENSEN BEACH, FL 34957

Mailing Address
3252 N.E. SKYLINE DRIVE
JENSEN BEACH, FL 34957



09142004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 24-1087925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WISE, ANDREW
3252 N.E. SKYLINE DRIVE
JENSEN BEACH, FL 34957

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Andrew Wise

Sept. 14, 2004

**Filing Fee is \$50.00
Due by September 8, 2004**

L000000172385
09/17/04-80007-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WISE, ANDREW 3252 NE SKYLINE DRIVE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATTON, WYNSUM 3252 NE SKYLINE DRIVE JENSEN BEACH, FL 34957
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**DO NOT WRITE
IN THIS SPACE**

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:

Andrew Wise

ANDREW WISE

Sept. 14, 2004

(772) 334-3900

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

Date

Daytime Phone #