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Mar 14, 2005 8:00 am
Secretary of State
02-09-2005 90154 032 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000872

1. Entity Name
EVERGLADES VIDEO, LLC

30001537

Principal Place of Business	Mailing Address
118 - 301 BOLEVARD WEST BRADENTON, FL 34205	PO BOX 114 LEWISVILLE, TX 75067

01212005No Chg-LLC CR2E083 (10/03)

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4. FEI Number 900804369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

BENJAMIN, JAMES S
1 FINANCIAL PLAZA, #1615
FT. LAUDERDALE, FL 33394

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	COIL, JOHN A
STREET ADDRESS	3208 GLEN HAVEN COURT
CITY-ST-ZIP	HIGHLAND VILLAGE, TX 75077
TITLE	S
NAME	PATTON, LISA
STREET ADDRESS	4109 FLINT RIDGE DR.
CITY-ST-ZIP	DALLAS, TX 75244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-21-05 972-243-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #