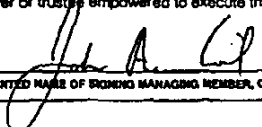


FILED
Mar 14, 2005 8:00 am
Secretary of State

02-09-2005 90154 032 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000000872		
1. Entity Name EVERGLADES VIDEO, LLC		
Principal Place of Business 118 - 301 BOULEVARD WEST BRADENTON, FL 34205		Mailing Address PO BOX 114 LEWISVILLE, TX 75067
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BENJAMIN, JAMES S 1 FINANCIAL PLAZA, #1615 FT. LAUDERDALE, FL 33394		4. FEI Number 900104369
DO NOT WRITE IN THIS SPACE		Applied For ☒ Not Applicable
		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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 retreating)		
RECEIVED BY SECRETARY OF STATE Filing Fee is \$50.00 Due by May 1, 2005		
B. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COIL, JOHN A JR 3208 GLEN HAVEN COURT HIGHLAND VILLAGE, TX 75077	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATTON, LISA 4109 FLINT RIDGE DR. DALLAS, TX 75244	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		Date 1-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 972-243-2600