2005 LIMITED LIABILITY COMPANY ____ANNUAL REPORT

FILED Apr 29, 2005 08:00 AN Secretary of State

BRADENTON, FL 34201 2. Principal Pasco of Balances Sulle, AST, M. co. City & State City & FL Zio Code 8. The above named entity submits this automort for the purpose of changing its registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the obligations of registered agent, or both, in the State of Fioritia, I am familiar with, and accept the accept the accept the accept the Acceptance of Fioritia, I am familiar with, and accept the	1. Entity Nan BURNT S Principal Place 4050 20TH	STORE CABLE C, L.L.C. De of Business STREET WEST	Mailing Address 4050 20TH STREET WE				~	eciciai y		
Suite, Apt. F. etc. City & State Stream Address of Current Registered Agent MYERS, TROY H JR ESQ. 2033 MAIN STREET SUITE 600 Stream Address of New Registered Agent MYERS, TROY H JR ESQ. 2033 MAIN STREET SUITE 600 Stream Address (P. D. Box Number is Not Acceptable) City FL Zo 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 Fiorida. I am familiar with, and accept the obligation of egistered agent or deptered agent or both in the State of Fiorida. I am familiar with, and accept the obligation of egistered agent or deptered agent or both in the State of Fiorida. I am familiar with, and accept the obligation of egistered agent or deptered agent or both in the State of Fiorida. I am familiar with, and accept the obligation of egistered agent or deptered agent or both in the State of Fiorida. I am familiar with, and accept the obligation of egistered agent or both in the State of Fiorida. I am familiar with, and accept the obligation of egistered agent or both in the State of Fiorida. I am familiar with, and accept the obligation of egistered agent or both in the State of Fiorida. I am familiar with, and accept the obligation of egistered agent of egistered agent of the obligation of extended agent. SIGNATURE Topics of the State of Fiorida. I am familiar with, and accept the obligation of extended agent of egistered agent of each of egistered agent of egistered agent of each of egistered agent of egistered ag	BRADENTON	I, FL 34201	BRADENTON, FL 3420	1		 	ki 48)46 ku) naki) dom u	all marer hill even inch ev	Dinno all imac	
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MYERS, TROY H JR ESQ. 2033 MAIN STREET SUITE 600 Skreet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. 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 run familiar with, and secept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State PIRE MARE DIGITAL COMMUNITY NETWORKS, INC. SIREL ADDRESS OTV 51-2P SIREL ADDRESS OTT 51-2P SIREL ADDRESS	Zip	Country Zip		Country	5. Certificate of Status Desired 17 99.00 Adultional					
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B. 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 True				-	City		·	Zip Cod	le	
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11. Thereby certify that the information supplied with this filling 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	TITLE NAME STREET ADDRESS		☐ Delible	TITLE NAME STREET ADO	DAESS		· · · · ·	☐ Change	Addition	
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