



**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000034580</b> 1. Entity Name <b>INFORMATION AND DISPLAY SYSTEMS, LLC</b>				<b>Secretary of State</b>	
Principal Place of Business <b>10275 CENTURION COURT JACKSONVILLE, FL 32256</b>		Mailing Address <b>10275 CENTURION COURT JACKSONVILLE, FL 32256</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				01062006No Chg-LLC      CR2E083 (11/05)	
		4. FEI Number <b>56-2308002</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				<b>DO NOT WRITE IN THIS SPACE</b>	
<b>PAPPAS, RALLIS L 93 OCEAN SIDE DRIVE ATLANTIC BEACH, FL 32233</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when relistening)      DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM PAPPAS, RALLIS L 93 OCEAN SIDE DR ATLANTIC BEACH, FL 32233			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM INGALLS, JAMES W 934 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MINCER, ZDRAVKO 14 PONTE VEDRA CIR PONTE VEDRA BEACH, FL 32082			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
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 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: _____ <b>1/17/06</b> <b>901 448 8497</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					