2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035701

Entity Name: PRIMEVISION COMMUNICATIONS LLC

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2685 EXECUTIVE PARK DR. 1485 NORTH PARK DRIVE

2ND FLOOR STE. 5

FORT LAUDERDALE, FL 33331 WESTON, FL 33326

New Mailing Address: Current Mailing Address:

1485 NORTH PARK DRIVE 2685 EXECUTIVE PARK DR.

STE. 5 2ND FLOOR

FORT LAUDERDALE, FL 33331 WESTON, FL 33326

FEI Number: 90-0109738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WORKMAN, TOD WORKMAN, TOD 1422 VICTORIA ISLE DRIVE 761 HERITAGE WAY

WESTON, FL 33327 US WESTON, FL 33326

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.

SIGNATURE: 04/29/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition

WORKMAN, TOD WORKMAN, TOD Name: Name: 2685 EXECUTIVE PARK DR., STE. 5 Address: 1485 NORTH PARK DRIVE Address:

City-St-Zip: FORT LAUDERDALE, FL 33331 City-St-Zip: WESTON, FL 33326

(X) Change () Addition Title: MGR () Delete Title: MGRM

LEONE, STEVEN Name: LEONE, STEVEN Name: Address: 2685 EXECUTIVE PARK DR., STE, 5 Address: 1485 NORTH PARK DRIVE

City-St-Zip: FORT LAUDERDALE, FL 33331 City-St-Zip: WESTON, FL 33326

Title: MGR () Delete Title: MGRM (X) Change () Addition

GILBERT, PETER GILBERT, PETER Name: Name: 2685 EXECUTIVE PARK DR., STE. 5 1485 NORTH PARK DRIVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33331 City-St-Zip: WESTON, FL 33326

Title: MGR (X) Delete Title: () Change () Addition

Name: SCOTT, LESLIE Name: 2685 EXECUTIVE PARK DRIVE, STE. 5 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33331 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOD WORKMAN **MGRM** 04/29/2005