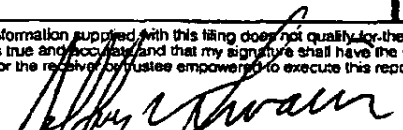


FILED
Mar 17, 2004 8:00 am
Secretary of State

34001702

DOCUMENT # L03000036649				02-19-2004 90159 039 ****50.00	
1. Entity Name PERFORMANCE VIDEO, LLC.					
Principal Place of Business 1899 MILLERS LANDING ROAD TALLAHASSEE FL 32312		Mailing Address 1899 MILLERS LANDING ROAD TALLAHASSEE FL 32312		34001702	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E083 (11/03)	
City & State		City & State		4. FEI Number ☐ Applied For ☒ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SWAIN, JEFFREY V 1899 MILLERS LANDING ROAD TALLAHASSEE FL 32312			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number, is Not Acceptable)		
			City		
			FL Zip 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registration agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
PRESIDENT MANAGING MEMBER JEFFREY V SWAIN 1899 MILLERS LANDING RD TALLAH, 32312			OWNER JEFFREY V SWAIN 1899 MILLERS LANDING RD TALLAHASSEE, FL 32312		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
☐ Delete			☐ Change ☐ Addition		
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 relative or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					