

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90045 022 ****50.00

DOCUMENT # L03000042247		
1. Entity Name UNIVERSAL EMS, LLC		

Principal Place of Business 310 GENIUS DRIVE WINTER PARK, FL 32789	Mailing Address 310 GENIUS DRIVE WINTER PARK, FL 32789
--	--

24054029



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

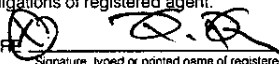
04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2412045	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KHUDA, KHALED R 610 GENIUS DRIVE WINTER PARK, FL 32789		Name Street Address (P.O. Box Number is Not Acceptable) 310 Genius Drive City Winter Park FL Zip Code 32789	

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  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISPLAY CANADA, INC. 929 MISSISSAUGA HEIGHTS DRIVE MISSISSAUGA, ONTARIO, L5G4S4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr M KN LTD. LLP. 310 Genius Drive Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 4/20/04	Daytime Phone #
---	---------------------	-----------------