

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042931

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: MODS MOBILE DIGITAL SYSTEMS, LLC

**Current Principal Place of Business:**

12851 SMITHDALE PLACE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

12851 SMITHDALE PLACE  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 20-0400473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
660 E. JEFFERSON ST.  
TALLAHASSEE, FL 32301 US

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

BEAUDET, STEPHEN M  
12851 SMITHDALE PLACE  
BOCA RATON, FL 33428 US

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: STEPHEN M. BEAUDET

03/08/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BEAUDET, STEPHEN M  
Address: 12851 SMITHDALE PLACE  
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGR ( ) Delete  
Name: BARRETT, PETER  
Address: 17733 NW 66TH COURT CIRCLE  
City-St-Zip: MIAMI, FL 33015 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: STEPHEN M. BEAUDET

MGR

03/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date