2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 08, 2005 08:00 AM

| | AITITUME | IZEF VILL | | ~ |
|---|--|--|--------------------------------------|--|
| 1. Entity Nam D AND M | VIDEO, LLC. | 548 | | Secretary of State |
| Principal Plac 4967 NW BL OCALA, FL 3 | ITCHTON ROAD | Mailing Address 5858 NW 80TH AVE OCALA, FL 34482 | NUE ROAD US | |
| D | O NOT WRITE 8. Name and Address of Current R | | SPACE | 01042005 No Chg-LLC |
| HARNEY, MURIEL C 5858 NW 80TH AVENUE ROAD OCALA, FL 34482 | | | | DO NOT WRITE IN THIS SPACE |
| 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 Fiorida. I am familiar with, and accept the obligations of registered agent. | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE | | | OTE. Registered Agent signature requ | iked when reinstating) DATE |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | |
| 9. | MANAGING MEMBER | S/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARNEY, MURIEL C 5858 NW 80TH AVENUE ROAD OCALA, FL 34482 | | | U00000220813 02/09/05-80006-004 55.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | , VAX USA US TOUUUG TUUM SS . UU |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE |
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| 11. I hereby certify that the information supplied with this filing does not quality 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: Music Signing Managing Member, Of April 1000 100 1000 1000 1000 1000 1000 100 | | | | |