2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2006
Secretary of State

DOCUMENT# L04000018924

Entity Name: FRANCHISE VIDEOS ONLINE, LLC

Current Principal Place of Business:

14502 N DALE MABRY HWY
SUITE 200
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

14502 N DALE MABRY HWY
SUITE 200
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-1453583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARDEL, ROBERT M
4241 BRENTWOOD PARK CIR
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

BARDEL, ROBERT M
18404 BITTERN AVE
LUTZ, FL 33558 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: ROBERT M. BARDEL 08/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARDEL, ROBERT M
Address: 4241 BRENTWOOD PARK CIR
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete
Name: LEIPOLD, DANIEL O
Address: 30929 PROUT CT
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARDEL, ROBERT M
Address: 18404 BITTERN AVE
City-St-Zip: LUTZ, FL 33558

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 Chapter 119, 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: ROBERT M. BARDEL MGRM 08/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date