

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90224 027 \*\*\*\*50.00

**DOCUMENT # L04000058031**

1. Entity Name  
NON-STOP DIGITAL SERVICES SOUTH, LLC



Principal Place of Business  
3803 CORPOREX PARK DRIVE  
SUITE 700  
TAMPA, FL 33619

Mailing Address  
3803 CORPOREX PARK DRIVE  
SUITE 700  
TAMPA, FL 33619

40011674



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242006 Chg-LLC CR2E083 (11/05)

4. FEI Number

01-0819902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Taft, John  
13654 N. 12TH STREET  
TAMPA, FL 33613

7. Name and Address of New Registered Agent

Name TAFT, JOHN  
Street Address (P.O. Box Number is Not Acceptable)  
2808 TYSON AVE

City TAMPA

FL

Zip Code  
33611

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

JOHN TAFT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

24-Feb-06

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME TAFT, JOHN  
STREET ADDRESS 13654 N. 12TH STREET  
CITY-ST-ZIP TAMPA, FL 33613

TITLE ☒ Change ☐ Addition  
NAME 2808 TYSON AVE.  
STREET ADDRESS TAMPA FL 33611  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME MUNROE, JOHN ROBERT  
STREET ADDRESS 13654 N. 12TH STREET  
CITY-ST-ZIP TAMPA, FL 33613

TITLE ☒ Change ☐ Addition  
NAME 1102 BRANDON LAKES AVE  
STREET ADDRESS VALRICO, FL 33594  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME PETRO, MICHAEL C  
STREET ADDRESS 29503 HOXIE RANCH ROAD  
CITY-ST-ZIP VISTA, CA 92084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

John R Munroe

JOHN R MUNROE

2/24/06

813-621-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #