

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000071764

Entity Name: ALL DIGITAL SURVEILLANCE LLC

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

3430 ROUND LAKE ROAD
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

3430 ROUND LAKE ROAD
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 26-6756791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WRIGHT, GEORGE
3430 ROUND LAKE ROAD
ZELLWOOD, FL 32798 US

Name and Address of New Registered Agent:

WRIGHT, GEORGE E MR.
3430 ROUND LAKE ROAD
ZELLWOOD, FL 32798 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: GEORGE E. WRIGHT

10/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WRIGHT, GEORGE
Address: 3430 ROUND LAKE ROAD
City-St-Zip: ZELLWOOD, FL 32798

Title: MGRM (X) Delete
Name: HOPLER, STEVEN
Address: 3430 ROUND LAKE ROAD
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WRIGHT, GEORGE E MR.
Address: 3430 ROUND LAKE ROAD
City-St-Zip: ZELLWOOD, FL 32798

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: GEORGE E WRIGHT

MGR

10/06/2005

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