

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072052

FILED  
May 19, 2005  
Secretary of State

**Entity Name:** CORECAST INFORMATION SERVICES, LLC

**Current Principal Place of Business:**

4495-304 ROOSEVELT BLVD.  
JACKSONVILLE, FL 322103381

**New Principal Place of Business:**

4495-304 ROOSEVELT BLVD.  
158  
JACKSONVILLE, FL 322103381

**Current Mailing Address:**

4494-304 ROOSEVELT BLVD.  
JACKSONVILLE, FL 322103381

**New Mailing Address:**

4494-304 ROOSEVELT BLVD.  
158  
JACKSONVILLE, FL 322103381

FEI Number: 20-1728087      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:**

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

PARKER, CHRISTOPHER  
200 IRONWOOD DRIVE #227C  
PONTE VEDRA BEACH, FL 32082      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: PARKER, CHRISTOPHER  
Address: 200 IRONWOOD DRIVE #227  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: CHRISTOPHER PARKER

MGRM

05/19/2005

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