2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081972

() Delete

FETTIK, DARREN J PRES

ST JOHNS, FL 32259 US

450-106 SR 13N #143

Title:

Name:

Address:

City-St-Zip:

Entity Name: AUDIO DESIGNS AND CUSTOM GRAPHICS, LLC

FILED Apr 14, 2009 Secretary of State

() Change () Addition

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|---------------------------------|------------------------------------|---|--|
| 450-106 SR 13N 143 ST JOHNS, FL 32259 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 450-106 SR 13N 143 ST JOHNS, FL 32259 | | | | |
| FEI Number: 13-4331265 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| FETTIK, DARREN 450-106 SR 13N 143 ST JOHNS, FL 32259 US | 3 | | | |
| The above named entity si in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Ager | | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | | |

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DARREN FETTIK PRES 04/14/2009