

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008688

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: INFOSOURCE COMMUNICATIONS, LLC

**Current Principal Place of Business:**

P. O. BOX 382  
CONVERSE, TX 78109

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 382  
CONVERSE, TX 78109

**New Mailing Address:**

FEI Number: 20-2119781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRIS, REGINAL  
20216 NE 10TH COURT ROAD  
MIAMI, FL 33179 US

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

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARRIS, REGINAL D  
Address: PO BOX 382  
City-St-Zip: CONVERSE, TX 78109

Title: MGRM ( ) Delete  
Name: HARRIS, STANLEY III  
Address: 6170 S BOULDER HWY., #1083  
City-St-Zip: LAS VEGAS, NV 89102

Title: MGRM ( ) Delete  
Name: BELVIN, VIVIAN  
Address: 2250 SEXTON STREET  
City-St-Zip: TALLAHASSEE, FL 32304

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: EVANS, JULEAH  
Address: 224 21ST NE  
City-St-Zip: CAIRO, GA 39828

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: REGINAL HARRIS

MGR

03/25/2008

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