2006 LIMITED LIABILITY COMPANY

Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-28-2006 90030 028 ****50.00 **DOCUMENT # L05000010829** POTÉNT PIXELS, LLC £0030043 Principal Place of Business Mailing Address 1004 NW 94TH STREET 1004 NW 94TH STREET GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 01-0829358 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODBURY, WILLIAM C JR. Street Address (P.O. Box Number is Not Acceptable) 1004 NW 94TH STREET GAINESVILLE, FL 32606 City Zip Code F١ 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE Delete TITLE Change WOODBURY, WILLIAM C JR NAME NAME STREET ADDRESS 1004 NW 94TH STREET STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP ☐ Change TITLE ☐ Delete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TATE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete SITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED