2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# L05000054535

Entity Name: HOME MEDIA SOLUTIONS, LLC

Current Principal Place of Business:

1915 N. ORANGE AVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

8469 EAGLES LOOP CIRCLE
WINDERMERE, FL 34786

New Mailing Address:

1915 NORTH ORANGE AVE
ORLANDO, FL 32804

FEI Number: 51-0545349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RITTI, FRANK A
8469 EAGLES LOOP CIRCLE
WINDERMERE, FL 34786 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: MGRM ( ) Delete
Name: RITTI, FRANK A. & CA, THY C., TEN. B Y ENT.
Address: 8469 EAGLES LOOP CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete
Name: RITTI, FRANK A
Address: 8469 EAGLES LOOP CIRCLE
City-St-Zip: WINDERMERE, FL 34786 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: RITTI, BRAD A
Address: 1915 NORTH ORANGE AVE
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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: BRAD RITTI MGRM 07/17/2006

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