

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90052 002 ***143.75

DOCUMENT # L05000054535					
1. Entity Name HOME MEDIA SOLUTIONS, LLC					
Principal Place of Business 1915 N. ORANGE AVE ORLANDO, FL 32804 US			Mailing Address 1915 NORTH ORANGE AVE ORLANDO, FL 32804		
2. Principal Place of Business - No P.O. Box # 500 W. Orange Blossom Trail Suite, Apt. #, etc.		3. Mailing Address 8469 Eagles Loop Circle Suite, Apt. #, etc.			
City & State Apopka FL		City & State Windermere, FL		4. FEI Number 51-0545349	
Zip 32712		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RITTI, FRANK A 8469 EAGLES LOOP CIRCLE WINDERMERE, FL 34786			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete RITTI, FRANK A. & CATHY C., TEN. BY ENT. 8469 EAGLES LOOP CIRCLE WINDERMERE, FL 34786			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete RITTI, FRANK A 8469 EAGLES LOOP CIRCLE WINDERMERE, FL 34786			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete RITTI, BRAD A 1915 NORTH ORANGE AVE ORLANDO, FL 32804			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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.					
SIGNATURE: <u>Frank A. Ritti</u>				<u>6/30/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	