

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058943

FILED
May 04, 2006
Secretary of State

Entity Name: 2ICS ON A DISC, LLC

Current Principal Place of Business:

5070 W. SOUTHERN ST.
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

5070 W. SOUTHERN ST.
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 20-4428342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KAISER, CRAIG A
5070 W. SOUTHERN ST.
LECANTO, FL 34461 US

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: KAISER, CRAIG
Address: 5070 W. SOUTHERN ST.
City-St-Zip: LECANTO, FL 34461 US

Title: MGRM () Delete
Name: D'AMICO, CHRISTY
Address: 1075 W. LEGION CT.
City-St-Zip: HERNANDO, FL 34442 US

Title: MGRM () Delete
Name: WATERS, STEPHANIE
Address: 513 CALIFORNIA ST.
City-St-Zip: BEVERLY HILLS, FL 34465 US

ADDITIONS/CHANGES:

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

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

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

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: CHRISTY E. D'AMICO

MGRM

05/04/2006

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