

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088881

Entity Name: MONSTER VISION, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

517 S. LAKE DESTINY ROAD
SUITE 100
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

517 S. LAKE DESTINY ROAD
SUITE 100
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-3879418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLOYD, THOMAS C
2520 SAND MINE ROAD
DAVENPORT, FL 33897 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: CEO () Delete
Name: BEAUCHAMP, CHRIS
Address: 517 S. LAKE DESTINY ROAD #100
City-St-Zip: ORLANDO, FL 32810

Title: PRES () Delete
Name: PAYNE, JOHN
Address: 517 S. LAKE DESTINY ROAD #100
City-St-Zip: ORLANDO, FL 32810

Title: VPT () Delete
Name: FONTENOT, SCOTT D
Address: 2520 SAND MINE ROAD
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES:

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

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

Title: C (X) Change () Addition
Name: HARDY, CHRISTOPHER
Address: 517 S. LAKE DESTINY ROAD #100
City-St-Zip: ORLANDO, FL 32810

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: CHRIS BEAUCHAMP

CEO

04/24/2009

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