

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104048

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** ADAPTIVE MINDS VISUAL MEDIA LLC

**Current Principal Place of Business:**

274 WILSHIRE BLVD  
STE 265  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

274 WILSHIRE BLVD  
STE 265  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 56-2538197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, ADAM P  
965 SILVERTIP RD  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

WILLIAMS, ADAM P  
274 WILSHIRE BLVD, SUITE 265  
SUITE 265  
CASSELBERRY, FL 32707 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:

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, YUTI J  
Address: 274 WILSHIRE BLVD, SUITE 265  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM  
Name: WILLIAMS, ADAM P  
Address: 274 WILSHIRE BLVD, SUITE 265  
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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: ADAM WILLIAMS

MGRM

04/27/2010

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