


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90103 029 ***138.75

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| DOCUMENT # L05000108528 | |  |
| 1. Entity Name PURE PRESSURE AUDIO LLC | | |

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| Principal Place of Business 1221 E. UNIVERSITY AVE GAINESVILLE, FL 32641 US | Mailing Address 2824 NE 21 WAY #3 GAINESVILLE, FL 32609 US |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 1221 E. University Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State | City & State Gainesville, FL. |
| Zip | Country |
| 32641 | US |

03292008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-3858756 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HARRIS, STEPHEN L 17509 NW 234TH TERR HIGH SPRINGS, FL 32643 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

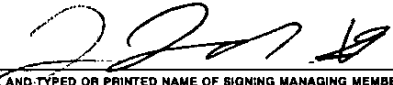
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to: Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MYRICK, JAMES R II 571 SE OLUSTEE AVE LAKE CITY, FL 32025 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Myrick, James R II 1930 SW 17th PL Bell, FL 32619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARRIS, STEPHEN L 17509 NORTH WEST 234TH TERRACE HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE:  | Date: 4-10-08 | Daytime Phone #: (352) 67-8038 |
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