2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# L06000004448

Entity Name: CALLAHAN'S CLOSED CAPTIONING SERVICE, LLC

Current Principal Place of Business:

321 S. GLEN ARVEN AVE.
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

321 S. GLEN ARVEN AVE.
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: 20-4131169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLAHAN, RONALD L
321 S. GLEN ARVEN AVE.
TEMPLE TERRACE, FL 33617 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:	MGRM	( ) Delete
Name:	CALLAHAN, RONALD L	
Address:	321 S. GLEN ARVEN AVE.	
City-St-Zip:	TEMPLE TERRACE, FL 33617 US	
Title:	MGRM	( ) Delete
Name:	CALLAHAN, CAROLYN F	
Address:	321 S. GLEN ARVEN AVE.	
City-St-Zip:	TEMPLE TERRACE, FL 33617 FL	
Title:	MGRM	( ) Delete
Name:	CALLAHAN, GREGORY W	
Address:	321 S. GLEN ARVEN AVE.	
City-St-Zip:	TEMPLE TERRACE, FL 33617 FL	

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 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: CAROLYN F. CALLAHAN MGRM 03/17/2008

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