


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90141 008 \*\*\*\*50.00

<b>DOCUMENT # L06000021071</b> 1. Entity Name <b>VIDEO SPECIALTIES JAX, LLC</b>	
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Principal Place of Business <b>5539 LONDON LAKE DRIVE JACKSONVILLE, FL 32258</b>	Mailing Address <b>5539 LONDON LAKE DRIVE JACKSONVILLE, FL 32258</b>
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2. Principal Place of Business - No P.O. Box # <b>5539 London Lake Dr</b>	3. Mailing Address <b>← Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01042007 Chg-LLC CR2E083 (12/06)

City & State <b>Jacksonville Florida</b>	City & State <b>Florida</b>	4. FEI Number <b>20-4326783</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32258</b>	Country <b>USA</b>	Zip <b>32258</b>	Country <b>Duval</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>HOWELL, SHARON 5539 LONDON LAKE DRIVE JACKSONVILLE, FL 32258</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 Sharon R. Howell 1-24-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	BUSINESS - Partner <input type="checkbox"/> Delete	TITLE		TITLE			
NAME	DONNA H. STOKES	NAME		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	2521 N. Waterleaf Dr.	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	St. Augustine, FL 32086	CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			

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.

SIGNATURE: Sharon R. Howell 1-24-07 904.292-2229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #