


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000021071					
1. Entity Name VIDEO SPECIALTIES JAX, LLC					
Principal Place of Business 5539 LONDON LAKE DRIVE JACKSONVILLE, FL 32258			Mailing Address 5539 LONDON LAKE DRIVE JACKSONVILLE, FL 32258		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-4326783	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOWELL, SHARON 5539 LONDON LAKE DRIVE JACKSONVILLE, FL 32258			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	BP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	STOKES, DONNA H			NAME	
STREET ADDRESS	2521 N. WATERLEAF DR			STREET ADDRESS	U00000804443
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086			CITY-ST-ZIP	02/05/08-80070-004 138.75
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME				NAME	
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CITY-ST-ZIP				CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
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 *[Handwritten Signature]*

1/30/08