

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026010

Entity Name: SNS ENTERPRISES, LLC

FILED
Aug 23, 2007
Secretary of State

Current Principal Place of Business:

2550 BLANKENBAKER PARKWAY
LOUISVILLE, KY 40299 US

New Principal Place of Business:

Current Mailing Address:

2550 BLANKENBAKER PARKWAY
LOUISVILLE, KY 40299 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OTT, MATTHEW W
Address: 2550 BLANKENBAKER PARKWAY
City-St-Zip: LOUISVILLE, KY 40299 US

Title: MGRM () Delete
Name: MCGUIRE, THOMAS F
Address: 2550 BLANKENBAKER PARKWAY
City-St-Zip: LOUISVILLE, KY 40299 US

Title: MGRM () Delete
Name: BEAVEN, JAMES R
Address: 3033 OHIO DRIVE
City-St-Zip: HENDERSON, KY 42420 US

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: MATTHEW W OTT

MEM

08/23/2007

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