2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L06000057695

Entity Name: FONON DISPLAY & SEMICONDUCTOR SYSTEMS, LLC

Current Principal Place of Business:

3217 YATTIKA PL
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

3217 YATTIKA PL
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-5253969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIKITIN, DMITRI
3217 YATTIKA PL
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

NIKITIN, DEMITRI
3217 YATTIKA PL
LONGWOOD, FL 32779 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: NIKITIN, DEMITRI 04/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NKITIN, DMITRI
Address: 3217 YATTIKA PL
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: FONON TECHNOLOGY INT, ERNATIONAL, IN C .
Address: 41 SKYLINE DRIVE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NIKITIN, DEMITRI
Address: 3217 YATTIKA PL
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition
Name: FONON TECHNOLOGY INT, ERNATIONAL, IN C .
Address: 400 RINEHART ROAD
City-St-Zip: LAKE MARY, FL 32746

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: NIKITIN, DEMITRI MGR 04/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date