

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065661

FILED
Aug 31, 2008
Secretary of State

Entity Name: JASM COMMUNICATIONS LLC

Current Principal Place of Business:

1695 TAYLOR BROOKE DRIVE
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

1695 TAYLOR BROOKE DRIVE
BARTOW, FL 33830 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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

MCCALL, JACKIE MR
1695 TAYLOR BROOKE DRIVE
BARTOW, FL 33830 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: JACKIE MCCALL

08/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MCCALL JR, JACKIE JR
Address: 1695 TAYLOR BROOKE DRIVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: MCCALL JR, JACKIE
Address: 1695 TAYLOR BROOKE DRIVE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES:

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: JACKIE MCCALL JR

P

08/31/2008

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