

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072107

FILED
Apr 10, 2008
Secretary of State

Entity Name: MEDIA ARCHIVE SYSTEMS, LLC

Current Principal Place of Business:

16540 WILLOW GLEN DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16540 WILLOW GLEN DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-5242847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
101 EAST KENNEDY BLVD STE 3000
TAMPA, FL 336025884 US

Name and Address of New Registered Agent:

LUSK, DENNIS W
16540 WILLOW GLEN DRIVE
ODESSA, FL 33556 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: DENNIS W. LUSK

04/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CTO () Delete
Name: LUSK, DENNIS W
Address: 16540 WILLOW GLEN DRIVE
City-St-Zip: ODESSA, FL 33556

Title: TRS () Delete
Name: MACK, MARGARET M
Address: 16540 WILLOW GLEN DRIVE
City-St-Zip: ODESSA, FL 33556

Title: PRES () Delete
Name: RHINES, DAVID
Address: 1276 WHISPER COVE DRIVE
City-St-Zip: BUFORD, GA 30518

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: DENNIS W. LUSK

CTO

04/10/2008

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