2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 21, 2007 8:00 am **Secretary of State** DOCUMENT # L06000087702 1. Entity Name 02-21-2007 90103 021 ****55.00 SCREAMING INK LLC Principal Place of Business Mailing Address 171 OAK GROVE STREET ORMOND BEACH FL 32176 171 OAK GROVE STREET ORMOND BEACH FL 32176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 408 South Ridgewood Ave, P.O. BOX 131 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Edgewater, FLorida Edgewater, Florida 4. FEI Number 65-1291942 Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same as before MULLIS, CHARLES 171 OAK GROVE STREET ORMOND BEACH FL 32176 City Zip Code 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 02-12-2007 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES шп CEO HILE CEODelete X Change ■ Addition Charles Alexander Mullis 171 Oak Grove Street NAME MULLIS. CHARLES STREET ADORESS STREET ADDRESS 171 OAK GROVE STREET CITY SI-7IP Ormand Beach, FL 32176 ORMOND BEACH FL 32176 CHY ST ZIP HHI. Delete Ш M Change Addition Tryna Person Mullis 171 Oak Grove Street NAMI MULLIS, IRYNA NAME STREET ADDRESS STREET ADDRESS 171 OAK GROVE STREET Ormand Beach, FL 32176 CHY SI-ZIP CITY ST-7IP ORMOND BEACH FL 32176 TITLE 🔀 Delete 1011 VΡ Change Addition NAME FINLEY, ERIC STREET ADDRESS STRUCT ADDRESS 138 ROBERTA ROAD CITY - ST - 7IP CITY ST ZIP ORMOND BEACH FL 32176 MNGR Shinley Hoover 138 Roberton Road TIFLE **S** Delete Change Addition NAME NAMI STREET ADDRESS STREET LADDRESS Ormand Beach, FL 32176 CHY-ST-ZIP CHY ST ZP HITE IIIII. Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CHY ST ZIP TITLE Delete 11101 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY ST-ZIP CITY ST ZIP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

FILED

SIGNATURE: Charles Alexander Mullis Charles are resentative Date Despiring Phone & Daylores Phone &