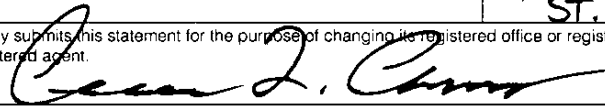
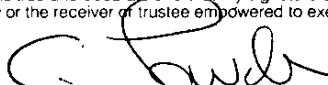


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90042 013 ****50.00

DOCUMENT # L06000088820					
1. Entity Name CHANNEL COMP, LLC					
Principal Place of Business 439 19TH STREET ST. PETERSBURG, FL 33712			Mailing Address 3545 TYRONE BLVD. NORTH, STE. 4 ST. PETERSBURG, FL 33710		
2. Principal Place of Business - No P.O. Box # 1911 5th Avenue South		3. Mailing Address 1911 5th Avenue South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007 Chg-LLC CR2E083 (12/06)	
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 74-3188011	
Zip 33712		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent AMES, CAANAN 3545 TYRONE BLVD. NORTH, STE. 4 ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name: Ames, Caanan Street Address (P.O. Box Number is Not Acceptable): 1911 5th Avenue South City: St. Petersburg FL Zip Code: 33712		
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. SIGNATURE:  DATE: 4/16/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME AMES, CAANAN STREET ADDRESS 3545 TYRONE BLVD. NORTH, STE. 4 CITY-ST-ZIP ST. PETERSBURG, FL 33710	☐ Delete		TITLE NAME STREET ADDRESS 1911 5th Avenue South CITY-ST-ZIP St. Petersburg, FL 33712	☒ Change ☐ Addition	
TITLE MGR NAME LOWDER, CHRIS STREET ADDRESS 3545 TYRONE BLVD. NORTH, STE. 4 CITY-ST-ZIP ST. PETERSBURG, FL 33710	☐ Delete		TITLE NAME STREET ADDRESS 1911 5th Avenue South CITY-ST-ZIP St. Petersburg, FL 33712	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: 			4/16/07 727-345-3144		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		