2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90042 013 ****50.00

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04162007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000088820

1. Entity Name
CHANNEL COMP, LLC

Principal Place of Business	Mailing Address
439 19TH STREET ST. PETERSBURG, FL 33712	3545 TYRONE BLVD. NORTH, STE. 4 ST. PETERSBURG, FL 33710

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1911 5th Avenue South		1911 5th Avenue South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St. Petersburg, FL		City & State: St. Petersburg, FL	
Zip: 33712	Country: USA	Zip: 33712	Country: USA

4. FEI Number: 74-3188011 ☐ 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 [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	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	AMES, CAANAN		NAME		
STREET ADDRESS	3545 TYRONE BLVD. NORTH, STE. 4		STREET ADDRESS	1911 5th Avenue South	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710		CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LOWDER, CHRIS		NAME		
STREET ADDRESS	3545 TYRONE BLVD. NORTH, STE. 4		STREET ADDRESS	1911 5th Avenue South	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710		CITY-ST-ZIP	St. Petersburg, FL 33712	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4/16/07 727-345-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #