

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058990

FILED
Apr 30, 2008
Secretary of State

Entity Name: TDO AUDIO, LLC

Current Principal Place of Business:

160 BISCAYNE AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

160 BISCAYNE AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 26-2245136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTON, JOHN B
160 BISCAYNE AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUTTON, JOSH
Address: 160 BISCAYNE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: SUTTON, JOHN B
Address: 160 BISCAYNE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: IVEY, JAMES R
Address: 4816 CULBREATH ISLES ROAD
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: ARD, TAYLOR
Address: 720 CITRUS WOOD LANE
City-St-Zip: VALRICO, FL 33594

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:

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: JOSH SUTTON

MGRM

04/30/2008

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