

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062654

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** HOME THEATER INTEGRATORS, LLC

**Current Principal Place of Business:**

1821 MISSOURI AVENUE  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1483  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 26-0349069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEDY, LOAN B  
100 TECHNOLOGY PARK  
SUITE 170  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

ASHCRAFT, HARRY C IV  
1821 MISSOURI AVE.  
ST. CLOUD, FL 34769 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: HARRY ASHCRAFT

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ASHCRAFT, HARRY C IV  
Address: 1821 MISSOURI AVENUE  
City-St-Zip: ST. CLOUD, FL 32769 US

**ADDITIONS/CHANGES:**

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: HARRY C ASHCRAFT IV

MGRM

04/29/2009

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