2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023419

Entity Name: ALPHACOM, LLC

City-St-Zip: WINTER GARDEN, FL 34787

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	NNEDY BLVD.	442 W. KENNEDY BL	VD.
SUITE 220 TAMPA, FL 33606		SUITE 160 TAMPA, FL 33606	
Current Mailing Address:		New Mailing Address:	
442 W. KENNEDY BLVD.		442 W. KENNEDY BL	VD.
SUITE 220 TAMPA, FL 33606 US		SUITE 160 TAMPA, FL 33606 US	
,		mber Not Applicable ()	Certificate of Status Desired ()
n accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
RECTOR, STEVE 442 W. KENNEDY BLVD. SUITE 220		RECTOR, STEVE 442 W. KENNEDY BLVD. SUITE 160	
TAMPA, FL 33606 US		TAMPA, FL 33606 US	
	named entity submits this statement for the purpose of Florida.	of changing its registere	d office or registered agent, or both
SIGNATUR	RE:	05/01/2009	
Electronic Signature of Registered Agent			Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title:	MGMR () Delete	Title:	() Change () Addition
Name:	RECTOR, STEVE	Name:	
Address: City-St-Zip:	4416 BROOKWOOD DR. TAMPA, FL 33629 US	Address: City-St-Zip:	
City-St-Zip.	TAIVIFA, FL 33029 03	City-St-Zip.	
Title:	MGMR () Delete	Title:	() Change () Addition
Name:	HARWOOD, WILLIAM R	Name:	
Address:	4350 W. KENNEDY BLVD., APT. #21	Address:	
City-St-Zip:	TAMPA, FL 33609 US	City-St-Zip:	
Title:	MGRM () Delete	Title:	() Change () Addition
Name:	FROELICHER, STEPHEN	Name:	
A alalua a a .	1217 MARKELL DR	Addroso:	

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.

City-St-Zip:

SIGNATURE: STEVE RECTOR MGMR 05/01/2009