

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000115659

**FILED**  
**Oct 25, 2009**  
**Secretary of State****Entity Name:** NORTH AMERICAN FREEDOM ENTERPRISES GROUP, L.L.C.**Current Principal Place of Business:**5073 SE 39TH LOOP  
OCALA, FL 34480**New Principal Place of Business:**5 CLEAR LN  
OCALA, FL 34472**Current Mailing Address:**5073 SE 39TH LOOP  
OCALA, FL 34480**New Mailing Address:**5 CLEAR LN  
OCALA, FL 34472**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BRANTLEY, DARRELL L  
5073 SE 39TH LOOP  
OCALA, FL 34480 US**Name and Address of New Registered Agent:**NICHOLS, NEIL A  
11 CEDAR TRACE TERR  
OCALA, FL 34472 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: NEIL NICHOLS

10/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: INFINITE VIDEO MARKETING  
Address: 5073 SE 39TH LOOP  
City-St-Zip: OCALA, FL 34480Title: CFO ( ) Delete  
Name: NICHOLS, NEIL A  
Address: 11 CEDAR TRACE TERR  
City-St-Zip: OCALA, FL 34472**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: CFO (X) Change ( ) Addition  
Name: NICHOLS, CLAUDETTE E  
Address: 5 CLEAR LN  
City-St-Zip: OCALA, FL 34472

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: NEIL NICHOLS

RA

10/25/2009

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