

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001688

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** RON JONES VIDEO PRODUCTIONS, LLC

**Current Principal Place of Business:**

1794 BEN ROAD  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**

1794 BEN ROAD  
CHIPLEY, FL 32428

**New Mailing Address:**

P. O. BOX 443  
WAUSAU, FL 32463

**FEI Number:** 26-4202143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, JANET R  
1794 BEN ROAD  
CHIPLEY, FL 32428 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: JONES, JANET R  
Address: 1794 BEN ROAD  
City-St-Zip: CHIPLEY, FL 32428

**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:** JANET R. JONES

MGRM

04/17/2009

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