

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081706

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1743 LALIQUE LN.  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: HOME THEATER NETWORK  
PO. BOX 642  
CHRISTMAS, FL 32709

**New Mailing Address:**

**FEI Number:** 27-2226190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PANKIEWICZ, OLIVER K  
1743 LALIQUE LN.  
ORLANDO, FL 32828 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: MGR  
Name: PANKIEWICZ, OLIVER K  
Address: 1743 LALIQUE LN  
City-St-Zip: ORLANDO, FL 32828

I hereby 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: OLIVER PANKIEWICZ

MGR

02/05/2012

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