

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004478

FILED
Apr 28, 2004
Secretary of State

Entity Name: CDVD LIMITED LIABILITY COMPANY

Current Principal Place of Business:

774 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

8332 NW 14TH CT
CORAL SPRINGS, FL 33071

Current Mailing Address:

774 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

New Mailing Address:

8332 NW 14TH CT
CORAL SPRINGS, FL 33071

FEI Number: 65-0936814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABOSSIÈRE, MARC PA
1222 NE 4TH AVENUE
FT LAUDERDALE, FL 33304 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/MEMBERS:

Title: MGR () Delete
Name: PEPIN, CLAUDE
Address: 9167 RAMBLEWOOD DR., #412
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR () Delete
Name: GUILBAULT, HELENE
Address: 9167 RAMBLEWOOD DR., #412
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEPIN, CLAUDE
Address: 8332 NW 14TH CT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Change () Addition
Name: GUILBAULT, HELENE
Address: 8332 NW 14TH CT
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDE PEPIN

MGR

04/28/2004

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