

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001390

Entity Name: O & P DIGITAL TECHNOLOGIES, LLC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

6830 NW 11TH PLACE, STE. A
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6830 NW 11TH PLACE, STE. A
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3673209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUSAKOWSKI, PAUL
6830 NW 11TH PLACE, STE. A
GAINESVILLE, FL 32605 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 () Delete
Name: PRUSAKOWSKI, PAUL
Address: 6830 NW 11TH PLACE, STE. A
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR () Delete
Name: PASSERO, TOM
Address: PO BOX 234
City-St-Zip: GRAHAMSVILLE, KY 12740

Title: MGR () Delete
Name: SAMPSON, WILLIAM
Address: 6 REDWOOD DR.
City-St-Zip: CHARLTON, NY 12019

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SAMPSON, WILLIAM
Address: 116 SADDLEBROOK LANE
City-St-Zip: GLENVILLE, NY 12302

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL E. PRUSAKOWSKI

MGR

04/29/2006

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