

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001390

FILED  
Jul 30, 2007  
Secretary of State

Entity Name: O & P DIGITAL TECHNOLOGIES, LLC

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PRUSAKOWSKI, PAUL  
6830 NW 11TH PLACE, STE. A  
GAINESVILLE, FL 32605      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: \_\_\_\_\_

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: 116 SADDLEBROOK LANE  
City-St-Zip: GLENVILLE, NY 12302

**ADDITIONS/CHANGES:**

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

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

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: PAUL PRUSAKOWSKI

MGR

07/30/2007

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