
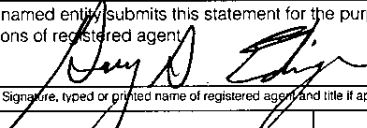
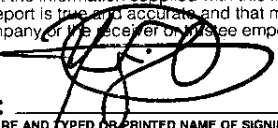


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90225 025 *****55.00

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|---|--|--|--|--|--|
| DOCUMENT # M03000003090 | | | |  | |
| 1. Entity Name JACKSONVILLE VISUALS, L.L.C. | | | | | |
| Principal Place of Business 1739 CHESHIRE BRIDGE ROAD SUITE B ATLANTA, GA 30324 | | | Mailing Address 1739 CHESHIRE BRIDGE ROAD SUITE B ATLANTA, GA 30324 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 05-0587478 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FERNANDEZ, PRIAMO 10961 BURNT MILL ROAD #1414 JACKSONVILLE, FL 32256 | | | 7. Name and Address of New Registered Agent Name: GARY EDINGER Street Address (P.O. Box Number is Not Acceptable): 305 North East 1st Street City: GAINESVILLE FL Zip Code: 32601 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE:  Gary J. Edinger, Agent 3/3/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FERNANDEZ, PRIAMO 10961 BURNT MILL ROAD #1414 JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARCOS FAJARDO 915 North West 1st Ave Apt H3008 MIAMI, FLORIDA 33136 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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 officer or employee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | MARCOS FAJARDO 3.2.04 404-374-9196 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

44016676



03022004 Chg-LLC CR2E083 (10/03)