


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90307 029 \*\*\*138.75

<b>DOCUMENT # M07000003836</b>	
1. Entity Name <b>SUPER COLOR DIGITAL, LLC</b>	

Principal Place of Business <b>16761 HALE AVENUE IRVINE, CA 92606</b>	Mailing Address <b>16761 HALE AVENUE IRVINE, CA 92606</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>20 N. Orange Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 600</b>
City & State	City & State <b>Orlando, Florida</b>
Zip	Zip <b>32801</b>

**60025646**



02162008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5524593</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HENDRY, STONER, CALANDRINO &amp; BROWN, P.A. 20 NORTH ORANGE AVE., SUITE 600 ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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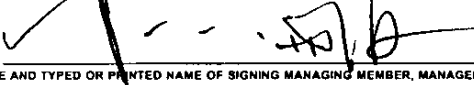
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASHTCHI, EYMAN 16761 HALE AVENUE IRVINE, CA 92606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASHTCHI, ARMAN 16761 HALE AVENUE IRVINE, CA 92606 <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 exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> 	Date <b>4/9/08</b>	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		