

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000634

1. Entity Name
ASM DIGITAL, LLC



Principal Place of Business

**6022 VICTORY LANE
CONCORD, NC 28027**

Mailing Address

**6022 VICTORY LANE
CONCORD, NC 28027**



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2115908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VARI, FRANK
3450 N. WORLD DRIVE
LAKE BUENA VISTA, FL 32830**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000180531
01/14/05-80008-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOADEN, CRAIG 6022 VICTORY LANE CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM, STEVEN 6022 VICTORY LANE CONCORD, NC 28027
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-10-05
Date

704-484-6259
Daytime Phone #