

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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DOCUMENT # P04000127261 FILED 1. Entity Name EDGÉWOOD TV & VCR SERVICE, INC. 08 JAN 02 PM 2: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 845 S EDGEWOOD AVE 8642 OSPREY LANE JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32205 No Chg-P CR2E034 (11/05) 04132007 Applied For 4. i El Number 73-1718341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATTERSON, RONNIE C 8642 OSPREY LANE JACKSONVILLE, FL 32217 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed of printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PATTERSON, GERALD L STREET ADDRESS 8642 OSPREY LANE CITY-ST-ZIP JACKSONVILLE, FL 32217 500113389725 12/26/07--01004--006 **\$50.00 D TITLE PATTERSON, RONNIE C NAME STREET ADDRESS 8642 OSPREY LANE CITY-ST-ZIP JACKSONVILLE, FL 32217 TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lanie Clatterson Ronnie CPATTERSON 12-19-07 904-384-6441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #