


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000007904 |  |
| 1. Entity Name PARETO MEDIA, LLC | |

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|---|---|
| Principal Place of Business 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750 | Mailing Address 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750 |
|---|---|

DO NOT WRITE IN THIS SPACE



04292008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 03-0421580 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BILELLO, JOSEPH J
100 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BILELLO, JOSEPH J 100 CROWN OAK CENTRE DR LONGWOOD, FL 32750 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BILELLO, LEISA 100 CROWN OAK CENTRE DR LONGWOOD, FL 32750 |
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000000936596
 05/27/08-80021-010 138.75

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ **4/28/08** **407331-7330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #