2007 LIMITED LIABILITY COMPANY **FILED** ANNUAL REPORT Apr 05, 2007 08:00 A Secretary of State **DOCUMENT # L03000000651** 1. Entity Name ACCÉLERATE MEDIA, LLC Principal Place of Business Mailing Address C/O LPWOLCH, CPA'S, P.C. 1406 ROYAL SAINT GEORGE DR. ORLANDO, FL 32828 40 OFFICE PARK WAY PITTSFORD, NY 14534 02272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0547018 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CORSALE, RICHARD DO NOT WRITE 6467 BOMBADIL DR TALLAHASSEE, FL 32303 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 reinstaling) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. СТО TITLE CORSALE, RICHARD NAME STREET ADDRESS 6467 BONDADIL DR. ORLANDO, FL 32303 CITY-ST-ZIP

.04/13/07-80025-008\50.00

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #