

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90008 006 \*\*\*\*50.00

<b>DOCUMENT # L03000033393</b> 1. Entity Name <b>RESONANCE MULTIMEDIA LLC</b>					
Principal Place of Business <b>1810 S. MACDILL AVE STE 4 TAMPA, FL 33629</b>			Mailing Address <b>1810 S. MACDILL AVE STE 4 TAMPA, FL 33629</b>		
2. Principal Place of Business - No P.O. Box # <b>2102 W. Cass St</b> Suite, Apt. #, etc. <b>2nd Floor</b>		3. Mailing Address <b>2102 W. Cass St</b> Suite, Apt. #, etc. <b>2nd Floor</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		01092007 Chg-LLC CR2E083 (12/06)	
Zip <b>33606</b>		Country <b>USA</b>		4. FEI Number <b>06-1706571</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>YESSIN, BRENT W PARKLAND BLVD 3215 TAMPA, FL 33605</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM YESSIN, BRENT 3215 PARKLAND BLVD TAMPA, FL 33605</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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> <u>Brent W. Yessin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>813-508-5006</u> <small>Daytime Phone #</small>	