

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036839

FILED
Jul 10, 2009
Secretary of State

Entity Name: PAPER STREET MEDIA, LLC

Current Principal Place of Business:

320 S FLAMINGO ROAD PMB 126
PEMBROKE PINES, FL 33027

New Principal Place of Business:

633 NE 167TH ST #915
N MIAM BEACH, FL 33162

Current Mailing Address:

320 S FLAMINGO ROAD PMB 126
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 05-0588504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUSSAIN, JAMAL
17613 NW 61 CT N.
HIALEAH, FL 33015 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUHAMMED, SADIQ
Address: 320 S FLAMINGO ROAD PMB 126
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Delete
Name: HUSSIN, JAMAL
Address: 320 S FLAMINGO ROAD PMB 126
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMAL HUSSAIN

PRES

07/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date