

Jan. 4. 2007 6:16PM


# LIABILITY COMPANY ANNUAL REPORT

No. 1322 P. 2/3

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000011485**

1. Entity Name  
**DMA#1, L.L.C.**



Principal Place of Business  
**4340 SHERIDAN ST, 2ND FLOOR  
HOLLYWOOD, FL 33021**

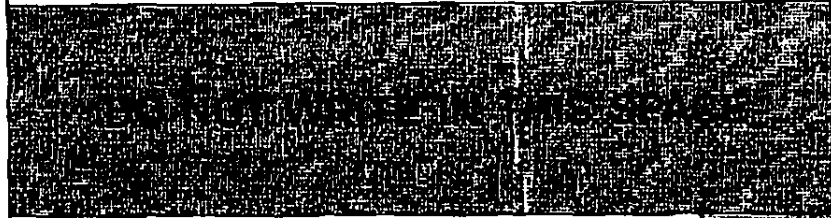
Mailing Address  
**4340 SHERIDAN ST, 2ND FLOOR  
HOLLYWOOD, FL 33021**



01042007No Chg-LLC

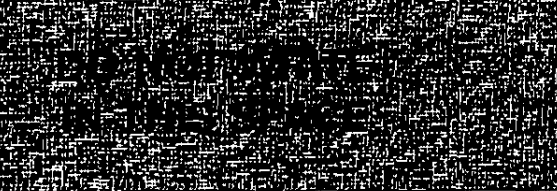
CR2E083 (11/05)

4. FEI Number <b>81-0877774</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	



6. Name and Address of Current Registered Agent

**CANNAVAN, JACQUELINE E  
SCHULMAN & CANNAVAN, PA  
4340 SHERIDAN ST, SECOND FLOOR  
HOLLYWOOD, FL 33021**



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.

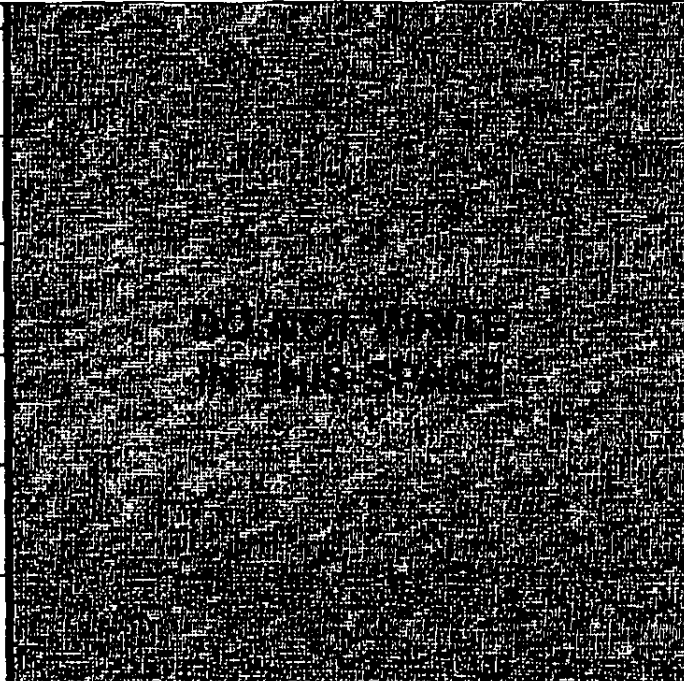
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000697486  
04/18/07-80042-016 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALTER, DAVID 4340 SHERIDAN ST, 2ND FLOOR HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALTER, MARTINE 4340 SHERIDAN ST, 2ND FLOOR HOLLYWOOD, FL 33021
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	



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 606, Florida Statutes.

**SIGNATURE:**  **3/29/07**

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