


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90073 026 ****50.00

DOCUMENT # L0400060182

1. Entity Name
GLOBAL MEDIA DESIGN LLC




Principal Place of Business Mailing Address
249 BELVOIR DR **249 BELVOIR DR**
DAVENPORT, FL 33837 **DAVENPORT, FL 33837**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01252005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
20-2215374 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

HOLMGREN, MARTIN Name **Almgren, Martin**
249 BELVOIR DR Street Address (P.O. Box Number is Not Acceptable)
DAVENPORT, FL 33837 **249 Belvoir Dr.**

City **Davenport** FL Zip Code **33837**

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]* **Martin Almgren, Managing Member** DATE: **1/25/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Manager Member** DATE: **1/25/05 (863) 424-4446**

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