FILED
Apr 27, 2007 8:00 am
Secretary of State
04-11-2007 90159 037 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4.

DOCUMENT # L06000103419

1. Entity Name
FTTD MEDIA GROUP, LLC

Principal Place of Business	Mailing Address
6967 SUPERIOR STREET CIRCLE SARASOTA, FL 34243-5308	6967 SUPERIOR STREET CIRCLE SARASOTA, FL 34243-5308

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2111 S. Brink Avenue	2111 S. Brink Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34239 / Country: USA	Zip: 34239 / Country: USA

J000006b

03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5794508 — Applied For / 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
GAYLOR, W.E. 901 RIDGEWOOD AVENUE VENICE, FL 34285	Name: James Ferri Street Address (P.O. Box Number is Not Acceptable): 2111 S. Brink Avenue City: Sarasota FL Zip Code: 34239

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: James Ferri — 3-28-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-OWNER. JAMES FERRI 2111 S. BRINK AV SARASOTA FL 34239-4204 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-OWNER MATT ORR 1866 HAWKINS COURT SARASOTA FL 34236 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: James Ferri — 3-28-2007 — 941.366.5981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #