


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90200 044 ****50.00

DOCUMENT # M00000000200

1. Entity Name
INTELLIGENT MEDIA VENTURES, LLC



Principal Place of Business
**1155 PEACHTREE ST. SUITE 1800
 ATLANTA, GA 30309-3610**

Mailing Address
**1155 PEACHTREE ST. SUITE 1800
 ATLANTA, GA 30309-3610**

20013257



2. Principal Place of Business
2247 Northlake Parkway

3. Mailing Address

Suite, Apt. #, etc.
Suite 1041

Suite, Apt. #, etc.

City & State
Atlanta, GA 30084-4005

City & State

Zip
USA

Zip Country

02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2511386

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP COETHO, FABIO 2247 NORTHLAKE PKWY STE 1041 TUCKER, GA 300844055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			COELHO, FABIO 30084-4005
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC HANNA, GEORGE B 2247 NORTHLAKE PKWY, 10TH FLR. TUCKER, GA 300844005	<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	T PITTMAN, JAMES L 1155 PEACHTREE ST. NE, #14D03 ATLANTA, GA 303093610	<input checked="" 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	AS REDMON, JULIE J SUITE 1800-1155 PEACHTREE ST. ATLANTA, GA 303093610	<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	MGR HARRIS JR, ISAIAH 2247 NORTHLAKE PKWY STE 1026 TUCKER, GA 300844005	<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"/> Delete	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.

SIGNATURE Julie Jackson Redmon 2/28/06 (404) 249-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Julie Jackson Redmon, Assistant Secretary