

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-11-2007 90159 037 ****55.00

DOCUMENT # L06000103419 1. Entity Name FTTD MEDIA GROUP, LLC																															
Principal Place of Business 6967 SUPERIOR STREET CIRCLE SARASOTA, FL 34243-5308		Mailing Address 6967 SUPERIOR STREET CIRCLE SARASOTA, FL 34243-5308																													
2. Principal Place of Business - No P.O. Box # 2111 S. Brink Avenue		3. Mailing Address 2111 S. Brink Avenue																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																													
City & State Sarasota, FL		City & State Sarasota, FL																													
Zip 34239		Zip 34239																													
Country USA		Country USA																													
6. Name and Address of Current Registered Agent GAYLOR, W.E. 901 RIDGEWOOD AVENUE VENICE, FL 34285		7. Name and Address of New Registered Agent 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: <u><i>James Ferri</i></u> DATE: <u>3-28-2007</u> (NOTE: Registered Agent signature required when reinstating)																															
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP CO-OWNER JAMES FERRI 2111 S. BRINK AV SARASOTA FL 34239-4204 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP CO-OWNER JAMES FERRI 2111 S. BRINK AV SARASOTA FL 34239-4204	☐ Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP CO-OWNER MATTHEW 1866 HALOWINS COURT SARASOTA FL 34236 </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP CO-OWNER MATTHEW 1866 HALOWINS COURT SARASOTA FL 34236	☐ Change ☐ Addition												
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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: <u><i>James Ferri</i></u> DATE: <u>3-28-2007</u> DAYTIME PHONE: <u>941.366.5981</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																															

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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