

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028766

Entity Name: SEQUITUR MEDIA, LLC

FILED  
Apr 04, 2011  
Secretary of State

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVE.  
180  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

12157 W. LINEBAUGH AVE.  
180  
TAMPA, FL 33626 US

**New Mailing Address:**

FEI Number: 20-8649672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOSETTI-HEMLEPP, MARIAH L  
10812 PRESERVATION VIEW DRIVE  
308  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

HEMLEPP, JUSTIN S  
2200 SEVEN SPRINGS BLVD  
TRINITY, FL 34655 US

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.

SIGNATURE: JUSTIN S. HEMLEPP

04/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEMLEPP, JUSTIN  
Address: 10812 PRESERVATION VIEW DRIVE #308  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM  
Name: BOSETTI-HEMLEPP, MARIAH  
Address: 10812 PRESERVATION VIEW DRIVE #308  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM  
Name: DUBBIN, ADAM  
Address: 176 CALLIOPE STREET  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM  
Name: WILLIAMS, BRIAN  
Address: 919 RICE ROAD  
City-St-Zip: OWINGSVILLE, KY 40360 US

Title: MGRM  
Name: HART, BRANDEN  
Address: 2330 BOXER PALM  
City-St-Zip: SAN ANTONIO, TX 78213 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JUSTIN S. HEMLEPP

MGRM

04/04/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date