

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015063

Entity Name: SCRIBBLEFISH MEDIA LLC

FILED  
Apr 25, 2005  
Secretary of State

**Current Principal Place of Business:**

14044 EDEN ISLE BLVD  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 847  
WINDERMERE, FL 347860847

**New Mailing Address:**

13506 SUMMERPORT VILLAGE PKWY #307  
WINDERMERE, FL 34786

FEI Number: 59-3682514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILKINS, CYNTHIA L  
14044 EDEN ISLE BLVD  
WINDERMERE, FL 34786 US

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

WILKINS, CYNTHIA L  
13506 SUMMERPORT VILLAGE PKWY #307  
WINDERMERE, FL 34786 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: CYNTHIA L. WILKINS

04/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WILKINS, CYNTHIA L PARTNER  
Address: 14044 EDEN ISLE BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: DAILEY, JOHN L PARTNER  
Address: 14044 EDEN ISLE BLVD  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CYNTHIA L. WILKINS

MGR

04/25/2005

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