

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004501

Entity Name: TEKMEDIA, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

1001 W. CYPRESS CREEK ROAD, SUITE 120
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1001 W. CYPRESS CREEK ROAD, SUITE 120
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1091660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, HOWARD L
1801 FEDERAL HIGHWAY, SUITE 245B
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: BLACKBURN, JAY
Address: 1001 W. CYPRESS CREEK ROAD, SUITE 120
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SEC () Delete
Name: BENSON, ERIC
Address: 1001W CYPRESS CREEK RD #120
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP () Delete
Name: MOMORELLA, STEVE
Address: 1001 W CYPRESS CREEK RD #120
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: JAY BLACKBURN

PD

04/25/2007

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