

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005308

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** E-MOTION MEDIA LC

**Current Principal Place of Business:**

1801 HALSTEAD BLVD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

1801 HALSTEAD BLVD.  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

1801 HALSTEAD BLVD.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

1801 HALSTEAD BLVD.  
TALLAHASSEE, FL 32309

**FEI Number:** 59-3716780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SWAIN, MARK  
3025 CLOUDLAND DR.  
TALLAHASSEE, FL 32312 US

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

SWAIN, MARK D  
3025 CLOUDLAND DR.  
TALLAHASSEE, FL 32312 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: MARK D. SWAIN

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOLCOMB, TOBY K  
Address: 176 MERIDIANA ST  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: SWAIN, MARK  
Address: 3025 CLOUDLAND DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: SWAIN, DAWN  
Address: 3025 CLOUDLAND DR  
City-St-Zip: TALLAHASSEE, FL 32312

**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 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: MARK D. SWAIN

MR.

04/30/2004

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