## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DQCUMENT # L0200000703

Entity Name
 KEGLER MEDIA, LLC

FILED Feb 16, 2004 08:00 AM Secretary of State

Principal Place of Business

2046 TREASURE COAST PLAZA, #178 VERO BEACH, FL 32960 Mailing Address

2046 TREASURE COAST PLAZA, #178 VERO BEACH, FL 32960



## DO NOT WRITE IN THIS SPACE

01252004 No Chg-LLC CR2

CR2E083 (10/03)

4. FEI Number 80-0021206 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAIGE, WILLIAM R 2236 14TH STREET SW VERO BEACH, FL 32962

## DO NOT WRITE IN THIS SPACE

|  | e named entity submits this statement for the purpose of chan<br>tions of registered agent. | ging its registered  | office or register                           | ed agent, or bot | h, in the State of Flor | ida. I am familia | r with, and a | ccept |
|--|---|--|--|------------------|-------------------------|-------------------|---------------|-------|
| SIGNATURE.   |   |  | ***  |                  |                         | · · · ·           | •             | _     |
| Signature, typed or printed name of registered agent and title if appricable |   | (NOTE Registered Agent signature required when reinstalling) |  |                  | DATE                    |                   |               |       |
| Fi   | iling Fee is \$50.00<br>ue by May 1, 2004   |  |  |                  | . شخير،                 |                   |               | ·     |
| 9.   | MANAGING MEMBERS/MANAGERS   |  | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                  |                         | <del></del>       | -             |       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | P<br>PAIGE, WILLIAM R<br>2236 14TH ST SW<br>VERO BEACH, FL 32962                            |  |  |                  | U000000<br>02/16/04-8   | 54392<br>0169-015 | 50. ON        | -     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               |   | ÷  |  |                  |                         |                   | 30,00         |       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               |   |  |  | DO               | NOT W                   | RITE              |               |       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-ZIP                               |   | 4  | ·· - <del>·····</del>                        | IN T             | THIS SP                 | ACE               |               | ٠.    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | i.   |  |                  |                         |                   |               |       |
| TITLE  |   |  |  |                  |                         |                   |               |       |

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-3-04

772.321.2824

Daytime Phone #