

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000752

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

**Entity Name:** RANDOM MEDIA, LLC

**Current Principal Place of Business:**

11581 S.W. 10TH STREET  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

11011 SHERIDAN STREET  
SUITE 305  
COOPER CITY, FL 33026 US

**Current Mailing Address:**

11581 S.W. 10TH STREET  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

11011 SHERIDAN STREET  
SUITE 305  
COOPER CITY, FL 33025

FEI Number: 04-3614288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MULLINGS, ROBERT  
11581 S.W. 10TH STREET  
PEMBROKE PINES, FL 33025

**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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MULLINGS, DAVID  
Address: 11581 S.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM ( ) Delete  
Name: MULLINGS, ROBERT  
Address: 11581 S.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

**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: ROBERT MULLINGS

MGRM

04/30/2004

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