2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 09, 2004 08:00 AM Secretary of State **DOCUMENT # L02000003146** 1. Entity Name TGF TECHNOLOGY LLC Principal Place of Business Mailing Address 1081 GLENWOOD TRAIL 1081 GLENWOOD TRAIL DELAND, FL 32720 DELAND, FL 32720 04012004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3603182 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EPPING, TODD DO NOT WRITE 1081 GLENWOOD TRAIL DELAND, FL 32720 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE **DULLES MEDIA INCORPORATED** NAME 226 S.E. H. STREET STREET ADDRESS City -St - ZIP GRANTS PASS, OR 97528 MGRM TITLE EPPING, TODD NAME 1081 GLENWOOD TRAIL STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 AND) INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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