2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# L02000005775

Entity Name: CLERMONT MEDIA GROUP, LLC

Current Principal Place of Business:

848 WEST OSCEOLA ST.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

848 WEST OSCEOLA ST.
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 32-0017711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKS, PETER
848 WEST OSCEOLA ST.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

MARKS, PJ
848 WEST OSCEOLA ST.
CLERMONT, FL 34711 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: PJ MARKS 02/03/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MARKS, PETER J
Address: 84 W OSCEOLA ST
City-St-Zip: CLERMONT, FL 34711 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MARKS, PJ
Address: 224 ORANGE AVE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGR ( ) Change (X) Addition
Name: SCHMIDT, KYLE R
Address: 1259 FRAN MAR CT
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Change (X) Addition
Name: MCLIN, MIKE
Address: 169 SUNNYSIDE DR
City-St-Zip: CLERMONT, FL 34711

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: PJ MARKS MGR 02/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date