


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011276 1. Entity Name MAINSTREAM MEDIA, LLC	
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Principal Place of Business 5450 S.W. 70 AVENUE DAVIE, FL 33314	Mailing Address PO BOX 291330 DAVIE, FL 33329
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01192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1429303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent STARGOT, PAUL 5450 S.W. 70 AVENUE DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POWERS, MATTHEW PO BOX 291330 DAVIE, FL 33329
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<p>U00000010124 01/22/04-80019-006 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 609, Florida Statutes.

SIGNATURE: <u>Matthew Powers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1/19/04</u> <small>Date</small>	<u>954-612-4452</u> <small>Daytime Phone #</small>
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