


FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90008 009 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

44042976

DOCUMENT # L02000011545			
1. Entity Name MIDNIGHT ONLINE, LLC			
Principal Place of Business 1020 EAST LAFAYETTE STREET SUITE 206B TALLAHASSEE, FL 32301		Mailing Address 1020 EAST LAFAYETTE STREET SUITE 206B TALLAHASSEE, FL 32301	
2. Principal Place of Business <i>2450 Tim Gamble Place</i>		3. Mailing Address <i>2450 Tim Gamble Place</i>	
Suite, Apt. #, etc. <i>Suite 258</i>		Suite, Apt. #, etc. <i>Suite 258</i>	
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>	
Zip <i>32308</i>		Zip <i>32308</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 01-0693429		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 MIDNIGHT HOLDINGS, INC. 1020 EAST LAFAYETTE STREET SUITE 206B TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2450 Tim Gamble Place, Suite 258</i> City <i>Tallahassee</i> FL Zip Code <i>32308</i>	
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 <i>Jon D. Brown</i> DATE <i>04.27.04</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM MIDNIGHT HOLDINGS, INC. 1020 EAST LAFAYETTE STREET TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>2450 Tim Gamble Place, Tallahassee, FL 32308</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jon D. Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>04.27.04</i> Daytime Phone # <i>850.671.1232</i>	