

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020039

Entity Name: SALTWATER MEDIA,LLC

FILED
May 12, 2009
Secretary of State

Current Principal Place of Business:

4727 LAWN AVE.
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13366
TAMPA, FL 33681 US

New Mailing Address:

FEI Number: 54-5067133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARCOS, PAUL T
4727 LAWN AVENUE
TAMPA, FL 33611 US

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/MANAGERS:

Title: MGRM () Delete
Name: ARCOS, PAUL T
Address: 4727 LAWN AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM () Delete
Name: WEST, JON
Address: 6495 76TH TERRACE NORTH
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: MGRM () Delete
Name: WORSHAM, RYAN
Address: 2714 FIG STREET
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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: PAUL ARCOS

MGR

05/12/2009

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