

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027506

Entity Name: MEDIATHRILL, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

15071 SOUTHWEST 112TH TERRACE
MIAMI, FL 33196

New Principal Place of Business:

9022 SW 208 TER
MIAMI, FL 33189

Current Mailing Address:

P.O. BOX 970500
MIAMI, FL 33197

New Mailing Address:

9022 SW 208 TER
MIAMI, FL 33189

FEI Number: 03-0486983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMER, JOSEPH R
15071 SW 112 TER
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

HELMER, JOSEPH R
9022 SW 208 TER
MIAMI, FL 33189 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: JOSEPH R HELMER

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HELMER, JOSEPH R
Address: 15071 SOUTHWEST 112TH TERRACE
City-St-Zip: MIAMI, FL 33196

Title: MGR () Delete
Name: HELMER, BONNIE C
Address: 15071 SOUTHWEST 112TH TERRACE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HELMER, JOSEPH R
Address: 9022 SW 208 TER
City-St-Zip: MIAMI, FL 33189

Title: MGR (X) Change () Addition
Name: HELMER, BONNIE C
Address: 9022 SW 208 TER
City-St-Zip: MIAMI, FL 33189

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: BONNIE C HELMER

MGR

04/29/2005

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