2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L02000027506

Entity Name: MEDIATHRILL, LLC

Current Principal Place of Business:

100 SOLANA CIRCLE
DAVENPORT, FL 33897

New Principal Place of Business:

308 TOWHEE RD
WINTER HAVEN, FL 33881

Current Mailing Address:

109 AMBERSWEET WAY
403
DAVENPORT, FL 33897

New Mailing Address:

308 TOWHEE RD
WINTER HAVEN, FL 33881

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
109 AMBERSWEET WAY
403
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

HELMER, JOSEPH R
308 TOWHEE RD
WINTER HAVEN, FL 33881 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: 01/10/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HELMER, JOSEPH R
Address: 109 AMBERSWEET WAY, 403
City-St-Zip: DAVENPORT, FL 33897

Title: MGR ( ) Delete
Name: HELMER, BONNIE C
Address: 109 AMBERSWEET WAY, 403
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HELMER, JOSEPH R
Address: 308 TOWHEE RD
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR (X) Change ( ) Addition
Name: HELMER, BONNIE C
Address: 308 TOWHEE RD
City-St-Zip: WINTER HAVEN, FL 33881

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: BONNIE HELMER MGR 01/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date