2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033204

Entity Name: PINNACLE MEDIA, LLC

City-St-Zip:

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 475 WEST TOWN PLACE SUITE 111 ST. AUGUSTINE, FL 32092 **Current Mailing Address: New Mailing Address:** 475 WEST TOWN PLACE SUITE 111 ST. AUGUSTINE, FL 32092 FEI Number: 75-3116437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPLAN, HOWARD 6260 DUPONT STATION COURT #C JACKSONVILLE, FL 32217 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition HOMMEDIEU, MARK NORTH FLORIDA INVEST, MENTS Name: Name: Address: 475 WEST TOWN PLACE, SUITE 111 Address: 475 WEST TOWN PLACE, SUITE 111 City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ST. AUGUSTINE, FL 32092 Title: Title: MGR () Change (X) Addition () Delete Name: Name: DUGAS, DAVID Address: Address: 475 WEST TOWN PLACE, SUITE 111 City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32092 Title: () Delete Title: MGRM () Change (X) Addition WARFIELD, STEVEN Name: Name: 475 WEST TOWN PLACE, SUITE 111 Address: Address: City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32092 Title: () Delete Title: MGR () Change (X) Addition Name: Name: SHADOWENS, MEL 475 WEST TOWN PLACE, SUITE 111 Address: Address:

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.

City-St-Zip:

ST. AUGUSTINE, FL 32092

SIGNATURE: DAIVD DUGAS MGR 04/14/2005