

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90046 002 ****55.00

DOCUMENT # L03000000651

1. Entity Name
ACCELERATE MEDIA, LLC



Principal Place of Business
**1406 ROYAL SAINT GEORGE DR.
ORLANDO, FL 32828**

Mailing Address
**1406 ROYAL SAINT GEORGE DR.
ORLANDO, FL 32828**

2. Principal Place of Business

3. Mailing Address
C/O LPWOLCH, CPAS, P.C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
40 OFFICE PARKWAY

City & State

City & State
PITTSFORD NY

Zip

Country

Zip

Country

14534

USA

03022006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0547018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, GLORIA J
1320 S ORLANDO AVE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **RICHARD CORSALE**

Street Address (P.O. Box Number is Not Acceptable)

6467 BOMBADIL DR

City **TALLAHASSEE**

FL

Zip Code
32303

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

Signature, typed or printed name of registered agent and title if applicable.

RICHARD CORSALE

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☒ Delete
NAME **FISHMAN, MICHAEL**
STREET ADDRESS **1406 ROYAL SAINT GEORGE DR.**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **CTO** ☐ Delete
NAME **CORSALE, RICHARD**
STREET ADDRESS **6467 BOMBADIL DR.**
CITY-ST-ZIP **ORLANDO, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6467 BOMBADIL DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Richard Corsale

3/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #