


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

04-29-2004 90076 001 ****55.00
07-19-2004 90232 031 ****55.00

DOCUMENT # L03000003133 1. Entity Name INTERACTIVE GROUP, L.L.C.																																																																																					
Principal Place of Business 555 16TH AVENUE NE ST PETERSBURG, FL 33704			Mailing Address 555 16TH AVENUE NE ST PETERSBURG, FL 33704																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																			
City & State		City & State																																																																																			
Zip	Country	Zip	Country																																																																																		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																	
TARASCHI, JEFFREY W 555 16TH AVENUE NE ST PETERSBURG, FL 33704				Name																																																																																	
				Street Address (P.O. Box Number is Not Acceptable)																																																																																	
				City																																																																																	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																	
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 <u><i>Jeffrey W Taraschi</i></u> 7/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">STREET ADDRESS</td> <td style="width: 10%; padding: 2px;">CITY - ST - ZIP</td> <td style="width: 10%; padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><i>President</i></td> <td><i>Jeffrey W Taraschi</i></td> <td><i>555 16th Avenue NE</i></td> <td></td> </tr> <tr> <td></td> <td></td> <td><i>St Petersburg</i></td> <td><i>FL 33704</i></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">STREET ADDRESS</td> <td style="width: 10%; padding: 2px;">CITY - ST - ZIP</td> <td style="width: 10%; padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		<i>President</i>	<i>Jeffrey W Taraschi</i>	<i>555 16th Avenue NE</i>				<i>St Petersburg</i>	<i>FL 33704</i>																											TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Jeffrey W Taraschi</i></u> 7/7/04 727 821 4929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																					