2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000006923

1. Entity Name
MONSTER MEDIA TURNSTILES, LLC

Principal Place of Business
517 S. LAKE DESTINY ROAD
SUITE 100
ORLANDO, FL 32810

Mailing Address
517 S. LAKE DESTINY ROAD
SUITE 100
ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

04012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 76-0733482 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE STE. 2300
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000913219
05/08/08-90007-013 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO
NAME	BEAUCHAMP, CHRIS
STREET ADDRESS	517 S. LAKE DESTINY ROAD #100
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	PRES
NAME	PAYNE, JOHN
STREET ADDRESS	517 S. LAKE DESTINY ROAD #100
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #