

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90180 043 ****50.00

DOCUMENT # L03000009614

1. Entity Name,
CENTURY MEDIA NETWORK, LLC



Principal Place of Business
585 SOUTH RONALD REAGAN BLVD., SUITE 121
LONGWOOD, FL 32750-5462

Mailing Address
585 SOUTH RONALD REAGAN BLVD., SUITE 121
LONGWOOD, FL 32750-5462

2. Principal Place of Business
200 Brightwater Drive
Suite, Apt. #, etc.
#7

3. Mailing Address
PO Box 3517
Suite, Apt. #, etc.

02102005 Chg-LLC CR2E083 (10/03)

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
32755

Country
USA

Zip
33767

Country
USA

4. FEI Number
54-2104124

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'AMORE, K. WENCHE
200 #7 BRIGHTWATER DRIVE
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
D'AMORE, K. WENCHE
1180 GULF BLVD., #1002
CLEARWATER, FL 33767

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

2/10/05 727-466-0733