

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-04-2004 90069 020 ****50.00

DOCUMENT # L03000019528

1. Entity Name

MEDIA FUNDING, LLC



Principal Place of Business

2940 SOUTH HORSESHOE DR., STE. 800
NAPLES FL 34104

Mailing Address

2940 SOUTH HORSESHOE DR., STE. 800
NAPLES FL 34104

34001883



MOORE

CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1593402

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEELEY, PETER L ESQ
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN PA
5551 RIDGEWOOD DR., STE. 501
NAPLES FL 34108

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PD-MANAGING PARTNER** ☐ Delete
NAME **MILBER, JEFFREY**
STREET ADDRESS **681 KATEMORE LN.**
CITY- ST- ZIP **NAPLES, FL 34103**

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

TITLE **MANAGER** ☐ Delete
NAME **STEWART, JIMMY**
STREET ADDRESS **2520 TALON CT, 204**
CITY- ST- ZIP **NAPLES, FL 34105**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 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

2.24.04

239 403 4400

Date

Daytime Phone #