



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000019796 1. Entity Name MEDIA DECOR, LLC	
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Principal Place of Business 3200 SOUTH ANDREWS AVE., SUITE 206 FT. LAUDERDALE, FL 33316	Mailing Address 3200 SOUTH ANDREWS AVE., SUITE 206 FT. LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE



03102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3699254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, JONATHAN
3200 SOUTH ANDREWS AVE.
SUITE 206
FT. LAUDERDALE, FL 33316

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

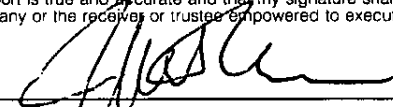
**Filing Fee is \$50.00
Due by May 1, 2007**

U00000728940
05/08/07-80021-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM, JONATHAN MGR 3200 S ANDREWS AVE, SUITE 206 FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEXTON, JUDITH A VP 3200 S ANDREWS AVE, SUITE 206 FT LAUDERDALE, FL 33316
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **JONATHAN GRAHAM** 4/20/07 954 524 1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #