

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023734

Entity Name: MORNINGSTAR MEDIA LLC

FILED  
Apr 28, 2005  
Secretary of State

**Current Principal Place of Business:**

1124 PARKSIDE CIRCLE NORTH  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1124 PARKSIDE CIRCLE NORTH  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORGENSTERN-ROBBINS, LINDA  
1124 PARKSIDE CIRCLE NORTH  
BOCA RATON, FL FL US

**Name and Address of New Registered Agent:**

MORGENSTERN-ROBBINS, LINDA  
1124 PARKSIDE CIRCLE NORTH  
BOCA RATON, FL 33486 US

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.

SIGNATURE:

04/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MORGENSTERN-ROBBINS, LINDA  
Address: 1124 PARKSIDE CIRCLE NORTH  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: ROBBINS, ROBERT G  
Address: 1124 PARKSIDE CIRCLE NORTH  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LINDA MORGENSTERN-ROBBINS

MGR

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date