

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000026789

Entity Name: AIMEDIA SOLUTIONS, LC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

631 OLD HICKORY BOULEVARD  
OLD HICKORY, TN 37138 US

**New Principal Place of Business:**

**Current Mailing Address:**

631 OLD HICKORY BOULEVARD  
OLD HICKORY, TN 37138 US

**New Mailing Address:**

FEI Number: 41-2104428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GATES, WILLIAM R  
284 NW 46TH ST.  
BOCA RATON, FL 33431 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GATES, WILLIAM R  
Address: 284 NW 46TH ST.  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM  
Name: OLIVER, JIM  
Address: 5000 SUNSHINE DRIVE  
City-St-Zip: NASHVILLE, TN 37013 US

I hereby 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: JAMES B OLIVER

MGRM

02/16/2011

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