FILED
Jun 23, 2006 8:00 am
Secretary of State

04-26-2006 90016 009 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000033393

1. Entity Name

RESONANCE MULTIMEDIA LLC

Principal Place of Business	Mailing Address
EAST 7TH AVENUE 1907A TAMPA FL 33605	EAST 7TH AVENUE 1907A TAMPA FL 33605

30011137

2. Principal Place of Business: 1810 S. MacDill Ave	3. Mailing Address: 1810 S MacDill Ave
Suite, Apt. #, etc.: Ste #4	Suite, Apt. #, etc.: Ste #4
City & State: Tampa FL	City & State: Tampa, FL
Zip: 33629 Country: Hillsborough	Zip: 33629 Country: Hillsborough

1st MOORE CR2E083 (10/05)

4. FEI Number: 06-1706571 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YESSIN, BRENT W
PARKLAND BLVD
3215
TAMPA FL 33605

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] 4/15/06

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, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES MGRM	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YESSIN, HELEN J PARKLAND BLVD TAMPA FL 33605 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr. Brent Yessin 3215 Parkland Blvd Tampa, FL 33605 MGRM ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 4-15-06 813-348-0582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #