2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038024

1. Entity Name ISG MEDIA, LLC



Principal Place of Business

1415 20TH STREET UNIT 402 MIAMI BEACH, FL 33139 Mailing Address

1415 20TH STREET UNIT #402

MIAMI BEACH, FL 33139

FILED Jul 30, 2008 08:00 AM Secretary of State



05162008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	26-1247560		Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VADILLO, MANUEL J ESQ 11402 NW 41ST STREET

MIAMI FI 33178

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for those of registered agent	he purpose of changing its registere	ed office or registered agent, or both,	in the State of Florida. Fam familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and	title il applicable (NOTE: Registerer	d Agent signature required when reinstating)	DATE		
FILI Due	E NOW!!! FEE IS \$138.75 b by September 12, 2008	In accordance with s. 607.1 liability company did not rec	93(2)(b), F.S., the limited	1		
9.	MANAGING MEMBERS	S/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROCHER, IAN 1415 20TH STREET, UNIT #402 MIAMI BEACH, FL 33139		1	U00000956657 U7/3U/08-80001-019 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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 another 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 jedition or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR P

STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #