

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038317

FILED
Jan 03, 2006
Secretary of State

Entity Name: ROPE MEDIA L.L.C.

Current Principal Place of Business:

OSDORPPLEIN 144
1068 EN AMSTERDAM
THE NETHERLANDS,

New Principal Place of Business:

OSDORPPLEIN 144
1068 EN AMSTERDAM
THE NETHERLANDS, FL 32563

Current Mailing Address:

OSDORPPLEIN 144
1068 EN AMSTERDAM, NL, FL 32561

New Mailing Address:

FEI Number: 20-0712195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE HUNTER, JEAN-ROBERT H
6405 EAST BAY BLVD.
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

HALE HUNTER, JEAN-ROBERT H
6405 EAST BAY BLVD
GULF BREEZE, FL 32563 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: _____ 01/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUNTER, JEAN-ROBERT H
Address: 6405 EAST BAY BLVD.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUNTER, JEAN-ROBERT H
Address: OSDORPPLEIN 144
City-St-Zip: 1068 EN AMSTERDAM, NL, FL 32563

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DEULING, PETER
Address: OSDORPPLEIN 144
City-St-Zip: 1068 EN AMSTERDAM, NL, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEAN-ROBERT H. HUNTER MGR 01/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date