

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040857

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: IN THE ZONE TV-LLC

## Current Principal Place of Business:

1 CAPITOL CENTER, SUITE 400  
ST PETERSBURG, FL 33701

## New Principal Place of Business:

155 RAMON WAY NE  
ST PETERSBURG, FL 33704 US

## Current Mailing Address:

1 CAPITOL CENTER, SUITE 400  
ST PETERSBURG, FL 33701

## New Mailing Address:

1 CAPITOL CENTER  
STE 400  
ST. PETERSBURG, FL 33701 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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 ( ) Delete  
Name: MEJIA, H. JOHN CEO  
Address: 1 CAPITOL CENTER, SUITE 400  
City-St-Zip: ST PETERSBURG, FL 33701

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

## ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition  
Name: SAWIN, BRIAN  
Address: 9714 PLEASANT RUN WAY  
City-St-Zip: TAMPA, FL 33647

Title: P ( ) Change (X) Addition  
Name: MEJIA, H. JOHN CEO  
Address: 155 RAMON WAY NE  
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify 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: H JOHN MEJIA

MGRM

04/28/2009

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