

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# L04000002155

Entity Name: TOM TRACY MEDIA LIMITED COMPANY

**Current Principal Place of Business:**

C/O W. MORGAN SPEER  
1800 AUSTRALIAN AVE. SOUTH, STE 100  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

C/O W. MORGAN SPEER  
1800 AUSTRALIAN AVE. SOUTH, STE 100  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 49-9846886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SPEER, W. MORGAN  
1800 AUSTRALIAN AVE. SOUTH, STE 100  
WEST PALM BEACH, FL 33409      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: MGR      ( ) Delete  
Name: TRACY, THOMAS  
Address: 1106 GREEN PINE BOULEVARD, APT. B-2  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS M. TRACY

MMGR

04/29/2009

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