

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

05-02-2005 90369 009 ****50.00

DOCUMENT # L04000004912 1. Entity Name BREIDENBACH MEDIA GROUP, LLC			
Principal Place of Business 222 HIGH VIEW LANE LAKELAND, FL 33803		Mailing Address 222 HIGH VIEW LANE LAKELAND, FL 33803	
2. Principal Place of Business 222 Highview Ln Suite, Apt. #, etc.		3. Mailing Address 222 Highview Ln Suite, Apt. #, etc.	
City & State 222 Highview Lakeland FL 33803 FL		4. FEI Number 753145713	
Country POIK		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BREIDENBACH, LYNNE 222 HIGH VIEW LANE LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Lynne Breidenbach Street Address (P.O. Box Number is Not Acceptable) 222 Highview Lane City Lakeland, FL	
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 <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE 7/14/05	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Pres NAME Lynne Breidenbach STREET ADDRESS 222 Highview Ln CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Wm H Breidenbach STREET ADDRESS 222 Highview Ln CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Sec NAME Jonathan Breidenbach STREET ADDRESS 222 Highview Ln CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Treas NAME Michael Breidenbach STREET ADDRESS 222 Highview Ln CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
Date		Daytime Phone #	