## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90042 035 \*\*\*\*50.00 **DOCUMENT # L04000005287** FOCÚS INDOOR MEDIA, LLC 60036183 Principal Place of Business Mailing Address **5706 MANATEE AVENUE WEST 5706 MANATEE AVENUE WEST** BRADENTON, FL 32409 BRADENTON, FL 32409 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chq-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 32-0106442 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILTNER, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) **5706 MANATEE AVENUE WEST** BRADENTON, FL 32409 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10, 9. ☐ Addition MGR TITLE TITLE Change ☐ Defete GILTNER MICHAEL W NAME NAME 5706 MANATEE AVENUE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 32409 CITY-ST-ZIP MGR ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MYERS, MATTHEWS J NAME 5706 MANATEE AVENUE WEST STREET ADDRESS STREET ADDRESS BRADENTON, FL 32409 CITY-ST-ZIP City-St-ZP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

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CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME Change

Addition

CITY-\$1-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/11/07 941-725-2504 Luch Mullack (s). SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE