



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90020 040 \*\*\*138.75

<b>DOCUMENT # L04000005287</b> 1. Entity Name <b>FOCUS INDOOR MEDIA, LLC</b>					
Principal Place of Business <b>5706 MANATEE AVENUE WEST BRADENTON, FL 32409</b>			Mailing Address <b>5706 MANATEE AVENUE WEST BRADENTON, FL 32409</b>		
2. Principal Place of Business - No P.O. Box # <b>108 50th ST NW</b>		3. Mailing Address <b>108 50th ST. NW</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL</b>			
Zip <b>34209</b>		Country 		4. FEI Number <b>32-0106442</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GILTNER, MICHAEL W 5706 MANATEE AVENUE WEST BRADENTON, FL 32409</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GILTNER, MICHAEL W 5706 MANATEE AVENUE WEST BRADENTON, FL 32409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MYERS, MATTHEWS J 5706 MANATEE AVENUE WEST BRADENTON, FL 32409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. 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.					
<b>SIGNATURE: <u>Michael W. Giltner</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					