

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-29-2005 90036 035 ****50.00

DOCUMENT # L04000023213 1. Entity Name NEW MOON MEDIA, LLC					
Principal Place of Business 1925 BRICKELL AVE. STE. D206 MIAMI, FL 33129			Mailing Address 1925 BRICKELL AVE. STE. D206 MIAMI, FL 33129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIAMI CORPORATE REGISTRY 1925 BRICKELL AVE. STE. D206 MIAMI, FL 33129				Name Street Address (P.O. Box Number is Not Acceptable) City State FL 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BESU, ROGER 1925 BRICKELL AVE. STE. D206 MIAMI, FL 33129 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING AS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 6-1-05 Daytime Phone 205-847-443	

30008343



01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

MENT OF STATE
ONLY