

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042691

Entity Name: VISION MEDIA, LLC

FILED  
Apr 11, 2005  
Secretary of State

## Current Principal Place of Business:

470 S. PIN OAK PL.  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

1121 SANFORD AVENUE  
SANFORD, FL 32771 US

## Current Mailing Address:

P.O. BOX 136413  
CLERMONT, FL 34713 US

## New Mailing Address:

1121 SANFORD AVENUE  
SANFORD, FL 32771 US

FEI Number: 42-1632926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSANTI, JAMES  
470 S. PIN OAK PL.  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

RAGER, GARY  
1121 SANFORD AVENUE  
SANFORD, FL 32771 US

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: GARY RAGER

04/11/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: ROSANTI, JAMES  
Address: 470 S. PIN OAK PL.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RAGER, GARY  
Address: 1121 SANFORD AVENUE  
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM ( ) Change (X) Addition  
Name: ROSANTI, JAMES  
Address: 1316 SE 46TH ST. #B4  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES ROSANTI

MGRM

04/11/2005

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