

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000042691	
1. Entity Name VISION MEDIA, LLC	

Principal Place of Business 1121 SANFORD AVENUE SANFORD FL 32771 US	Mailing Address 1121 SANFORD AVENUE SANFORD FL 32771 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 42-1632926	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RAGER, GARY 1121 SANFORD AVENUE SANFORD FL 32771
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

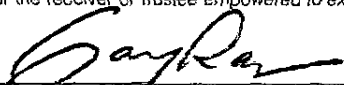
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

000000456166
03/15/06 80017-020 50.00
ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	RAGER, GARY			NAME			
STREET ADDRESS	1121 SANFORD AVENUE			STREET ADDRESS			
CITY- ST- ZIP	SANFORD FL 32771			CITY- ST- ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	ROSANTI, JAMES			NAME			
STREET ADDRESS	1316 SE 46TH ST. #B4			STREET ADDRESS			
CITY- ST- ZIP	CAPE CORAL FL 33904			CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: 

3/2/06 321-377 1895