

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053642

Entity Name: RAYMOND MEDIA, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4639 CRYSTAL AVENUE
SARASOTA, FL 34231

New Principal Place of Business:

5432 BENEVA WOODS CIRCLE
SARASOTA, FL 34233

Current Mailing Address:

4639 CRYSTAL AVENUE
SARASOTA, FL 34231

New Mailing Address:

5432 BENEVA WOODS CIRCLE
SARASOTA, FL 34233

FEI Number: 41-2145475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, STANLEY R III
4639 CRYSTAL AVENUE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

RAYMOND, STANLEY R III
5432 BENEVA WOODS CIRCLE
SARASOTA, FL 34233 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: STANLEY R. RAYMOND III

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAYMOND, STANLEY R III
Address: 4639 CRYSTAL AVENUE
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: RAYMOND, STAN SR
Address: 3241 BAYOU SOUND
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAYMOND, STANLEY R III
Address: 5432 BENEVA WOODS CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STANLEY R. RAYMOND III

MGR

04/30/2009

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