

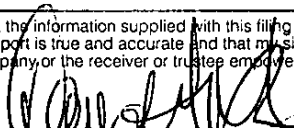


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90021 006 \*\*\*\*50.00

<b>DOCUMENT # L04000054618</b>					
<b>1. Entity Name</b> CYBER INFO, LLC					
<b>Principal Place of Business</b> PO BOX 48668 ST. PETERSBURG, FL 33743 US			<b>Mailing Address</b> PO BOX 48668 ST. PETERSBURG, FL 33743 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> 20-1413634				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DOLAN, MARK R ESQ 412 EAST MADISON STREET SUITE 1000 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) 2852 20th Ave N St Petersburg City FL 33713		
<b>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.</b>					
SIGNATURE 			DATE 4/26/06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	MGR CYBER DIRECT MEDIA, LLC 412 EAST MADISON STREET, # 1000 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2852 20th Ave N St Petersburg FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RELIANT INTERNATIONAL MEDIA, LLC 850 PINELLAS POINT DRIVE SOUTH SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CYBER DIRECT MEDIA, LLC 412 EAST MADISON STREET, # 1000 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RELIANT INTERNATIONAL MEDIA, LLC 850 PINELLAS POINT DRIVE SOUTH SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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: 			DATE 4/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		