

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000054618

1. Entity Name  
CYBER INFO, LLC



Principal Place of Business

PO BOX 48668  
ST. PETERSBURG, FL 33743 US

Mailing Address

PO BOX 48668  
ST. PETERSBURG, FL 33743 US



04272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1413634

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOLAN, MARK R ESQ  
2852 20TH AVE N  
SAINT PETERSBURG, FL 33713

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CYBER DIRECT MEDIA, LLC  
STREET ADDRESS 2852 20TH AVE N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE MGR  
NAME RELIANT INTERNATIONAL MEDIA, LLC  
STREET ADDRESS 850 PINELLAS POINT DRIVE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000743716  
05/15/07-80118-019 50.00

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #