


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90084 033 \*\*\*\*50.00

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # L04000056881</b><br>1. Entity Name<br>MEDIA EXPO, LLC   |  |   |   |
| Principal Place of Business<br>1060 PARK AVENUE<br>CRANSTON, RI 02910   |  | Mailing Address<br>1060 PARK AVENUE<br>CRANSTON, RI 02910  |   |
| 2. Principal Place of Business<br>234 Almond Avenue<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |
| City & State<br>Fort Lauderdale, FL   |  | City & State   |   |
| Zip<br>33316  |  | Country<br>USA   |   |
| 4. FEI Number<br>84-1653425   |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                       |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$5.00 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Managing Member<br>Colby Development Corporation<br>1060 Park Avenue<br>Cranston, RI 02910 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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. |  |  |   |
| Colby Development Corporation<br>SIGNATURE: <i>Anthony E. Nota</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE<br>Anthony E. Nota, President   |  |  |   |
| Date<br>X 1-7-05  |  | Daytime Phone #  |   |