

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057481

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** MEDIA MANAGEMENT, LLC.

**Current Principal Place of Business:**

940 W. OAKLAND AVE  
OAKLAND, FL 34787 US

**New Principal Place of Business:**

5469 W. LAKE BUTLER RD.  
WINDERMERE, FL 34786 US

**Current Mailing Address:**

P.O. BOX 2620  
WINDEMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 20-1442612      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUNSFORD, BRIAN J  
940 W. OAKLAND AVE.  
OAKLAND, FL 34787 US

**Name and Address of New Registered Agent:**

LUNSFORD, BRIAN J  
5469 W. LAKE BUTLER RD.  
WINDERMERE, FL 34786 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: BRIAN LUNSFORD

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUNSFORD, BRIAN J  
Address: PO BOX 1189  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LUNSFORD, BRIAN J  
Address: PO BOX 2620  
City-St-Zip: WINDERMERE, FL 34786

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: BRIAN LUNSFORD

MGR

04/30/2007

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