FILED 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) Secretary of State

DOCUMENT # L04000071405 02-22-2005 90075 028 ****50.00 CMG ENTERPRISES, LLC Mailing Address Principal Place of Business 111 NORTH ORANGE AVE., SUITE 775 ORLANDO FL 32801 111 NORTH ORANGE AVE., SUITE 775 ORLANDO FL 32801 30009941 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 20-1104539 Not Applicable Ζip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOLTUN, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND FL 32751 City 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 Signature, typed or printed name of registered agent and table 4 applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGRM TITLE Change ☐ Addition TITL F Deleta NAME GREENE, CHARLES M NAME 111 NORTH ORANGE AVE., SUITE 775 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P ORLANDO FL 32801 TITLE ☐ Change ☐ Addition TITLE Octob MCFARLAND-GREENE, ERIN B NAME NAME STREET ADDRESS STREET ADDRESS 111 NORTH ORANGE AVE., SUITE 775 CITY-SI-ZIP ORLANDO FL 32801 CHY-SI-7P ☐ Change ■ Addition Delete TITLE RILE NAME NAME STREET ADDRESS STREET ADDRESS CITA-21-50 CITY-SI-71P ☐ Addition Change TITLE MLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CUTY- 51-71P CITY-ST-ZIP ☐ Addition ☐ Change TOTLE Delete NUME NAME STREET ADDRESS STREET ADDRESS CITY-51-70 C/TY-ST-ZIP ☐ Change Addition ☐ Delete DIRE DitE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 receipt or trustee compowers to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information sy

OF MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE



GREENE & LEE, P.L.

111 NORTH ORANGE AVENUE, SUITE 775 ORLANDO, FLORIDA 32801 TELEPHONE: (407) 648-1700 FACSIMILE: (407) 649-7755

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CHARLES M. GREENE
*Also admitted in Georgia and New York

E-MAIL: CMG@CMGPA.COM

June 30, 2005

Division of Corporations P.O. Box 6478 Tallahassee, Florida 32314

Re: CMG Enterprises, EIN. 20-1704539

Dear Sir or Madam:

Enclosed is a completed Annual Report with the EIN of the company. This document was previously sent to you. You have been paid and deposited the annual fee.

Please call with any questions.

Charles M. Greene

Enclosure