# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 05, 2007 08:00 A**
**Secretary of State**

DOCUMENT # L04000071940

1. Entity Name
COMMERCIAL MEDIATION & COMMUNICATION, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 9411 SCENIC HIGHWAY<br>PENSACOLA, FL 32514 | 6847A NORTH 9TH AVENUE<br>#337<br>PENSACOLA, FL 32504 |

DO NOT WRITE IN THIS SPACE

02202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1702826
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WALDO, MICHAEL J
9411 SCENIC HIGHWAY
PENSACOLA, FL 32514

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

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

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | WALDO, MICHAEL J |
| STREET ADDRESS | 9411 SCENIC HIGHWAY |
| CITY-ST-ZIP | PENSACOLA, FL 32514 |
| TITLE | |
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04/13/07-80024-025 50.00

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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:** Michael Waldo (MICHAEL WALDO) 3-31-07 850-857-1638
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #