

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073321

FILED
Jul 20, 2005
Secretary of State

Entity Name: SAVAGE MEDIA GROUP LLC

Current Principal Place of Business:

8209 NW 88TH AVE
STE 7
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8209 NW 88TH AVE
STE 7
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 20-1778253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADDA, DAVID
8209 NW 88TH AVE
STE 7
TAMARAC, FL 33321 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADDA, DAVID
Address: 8209 NW 88TH AVE #7
City-St-Zip: TAMARAC, FL 33321 US

Title: MGR () Delete
Name: HANSON, DUANE
Address: 234 N. ORCHARD ST.
City-St-Zip: LOGAN, OH 43138 US

Title: MGR (X) Delete
Name: BURNS, MICHAEL
Address: 1000 S WOODLAWN #109
City-St-Zip: WICHITA, KS 67218 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID ADDA

MGR

07/20/2005

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