

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90269 044 \*\*\*\*50.00

|   |   |  |   |  |   |
|---|---|--|---|--|---|
| <b>DOCUMENT # L05000001818</b>  |   |  |   |  |   |
| <b>1. Entity Name</b><br>PANTHER MEDIA LLC  |   |  |   |  |   |
| <b>Principal Place of Business</b><br>221 SOUTH GUNLOCK AVENUE<br>TAMPA, FL 33609   |   |  | <b>Mailing Address</b><br>221 SOUTH GUNLOCK AVENUE<br>TAMPA, FL 33609 |  |   |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>                                |   |  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                      |   |  |   |
| City & State  |   | City & State   |   |  |   |
| Zip   | Country   | Zip  | Country   |  |   |
|   |   |  |   |  |   |
| 03022006    Chg-LLC    -    CR2E083(11/05)  |   |  |   |  |   |
| <b>4. FEI Number</b><br>30-0289774  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |   | <b>\$5.00 Additional Fee Required</b>                  |   |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>                    |  |   |
| STAFFORD, S.L.<br>15951 NORTH FLORIDA AVENUE<br>LUTZ, FL 33549  |   |  | Name  |  |   |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)                    |  |   |
|   |   |  | City  |  |   |
|   |   |  | FL    Zip Code  |  |   |
| <b>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.</b>  |   |  |   |  |   |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____  |   |  |   |  |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |   | <b>Make check payable to Florida Department of State</b> |   |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | LARENCE LEE ELLISTON<br>221 S. GUNLOCK AVE<br>TAMPA, FL 33609 |  | <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 |
| 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 |
| 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 |
| <b>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.</b> |   |  |   |  |   |
| <b>SIGNATURE:</b> <i>Larence L. Elliston</i>  |   |  | 3-15-06    813-873-9685   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date    Daytime Phone #   |  |   |