



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-09-2006 90009 016 ****50.00

DOCUMENT # L05000005482 1. Entity Name H & L MEDIA LLC					
Principal Place of Business 171 NE HWY 351 CROSS CITY FL 32628 US			Mailing Address P.O. BOX 2007 CROSS CITY FL 32628 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANDER, JOSEPH T 222 NE 210TH AVE CROSS CITY FL 32628			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	LANDER, JOSEPH T		NAME		
STREET ADDRESS	P.O. BOX 2007		STREET ADDRESS		
CITY - ST - ZIP	CROSS CITY FL 32628		CITY - ST - ZIP		
TITLE	MGR		TITLE		
NAME	HERRING, DALE		NAME		
STREET ADDRESS	P.O. BOX 985		STREET ADDRESS		
CITY - ST - ZIP	OLD TOWN FL 32680		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Joseph T. Lander		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5-1-06 Daytime Phone # 352-48-3900		