


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90024 037 ****50.00

DOCUMENT # L05000035282					
1. Entity Name VISION MEDIA WORKS, LLC					
Principal Place of Business 139 FAULKNER STREET WINTER GARDEN, FL 34787			Mailing Address 139 FAULKNER STREET WINTER GARDEN, FL 34787		
2. Principal Place of Business		3. Mailing Address P.O. Box 155			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Gator, FL		4. FEI Number 592-62-3826	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, SHAWN 139 FAULKNER STREET WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL 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 <i>Shawn Kelly</i>		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Shawn Kelly Director		3/22/06		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, SHAWN 139 FAULKNER STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Shawn Kelly</i> Shawn Kelly Director 3/22/06 (407) 656-3709					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					