

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90032 044 ****50.00

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1. Entity Name
AOI MEDIA, LLC

Principal Place of Business
11 WEST UNIVERSITY AVE., SUITE 85
GAINESVILLE, FL 32601

Mailing Address
11 WEST UNIVERSITY AVE., SUITE 85
GAINESVILLE, FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, JESSE
2800 SW WILLISTON RD APT 334
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name

Bowman, Jason

Street Address (P.O. Box Number is Not Acceptable)

3102 SW 5TH CT.

City

Gainesville, FL

FL

Zip Code

32601

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME JORDAN, MICHAEL
STREET ADDRESS 2800 SW WILLISTON RD APT 235
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE MGRM ☐ Delete
NAME BOWMAN, JASON
STREET ADDRESS 3102 SW 5TH CT.
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE MGRM ☒ Delete
NAME SUDMAN, TODD
STREET ADDRESS 2490 SW 14TH PLACE, APT. 19
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/7/06 352-870-4870