

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039368

FILED  
Jan 02, 2008  
Secretary of State

**Entity Name:** SOUTHERN MOBILE MEDIA GROUP, LLC

**Current Principal Place of Business:**

4082 HWY 90 WEST  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 931  
MARIANNA, FL 32447 US

**New Mailing Address:**

**FEI Number:** 20-4031163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, JOHN L  
4456 RIVER FOREST RD  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

NELSON, JOHN L  
2477 HONEY POT LANE  
MARIANNA, FL 32446 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: JOHN L. NELSON

01/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NELSON, JOHN  
Address: 5347 SINK CREEK LANE  
City-St-Zip: MARIANNA, FL 32446 US

Title: MGR ( ) Delete  
Name: MOUNT, MARCUS  
Address: 5347 SINK CREEK LANE  
City-St-Zip: MARIANNA, FL 32446 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NELSON, JOHN  
Address: 2477 HONEY POT LANE  
City-St-Zip: MARIANNA, FL 32446 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN L. NELSON

MGR

01/02/2008

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