

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060776

Entity Name: ZEAN FM, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

C/O LISA LANDY
ONE S.E. THIRD AVENUE, 25TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O LISA LANDY
ONE S.E. THIRD AVENUE, 25TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALDIR MANAGERS LIM, TED
Address: SUITES 7B & 8B 50 TOWN RANGE
City-St-Zip: GIBRALTAR, EU 0

Title: PT () Delete
Name: FINSBURY CORPORATE S, SERVICES LIMITE D
Address: SUITES 7B & 8B 50 TOWN RANGE
City-St-Zip: GIBRALTAR, EU 0

Title: S () Delete
Name: FINSBURY SECRETARIES, LIMITED
Address: SUITES 7B & 8B 50 TOWN RANGE
City-St-Zip: GIBRALTAR, EU 0

ADDITIONS/CHANGES:

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

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

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: BY FINSBURY CORPORATE SERVICES LIMITED P 04/30/2008

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