2006 LIMITED LIABILITY COMPANY

Aug 21, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L05000061615** 1. Entity Name MGD PUBLISHING, LLC 08-21-2006 90129 033 ****55.00 Principal Place of Business Mailing Address **427 HERON AVE 427 HERON AVE** NAPLES, FL 34108 NAPLES, FL 34108 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06212006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 05-062.6388 Not Applicable Zip Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELANEY, DYREL P Street Address (P.O. Box Number is Not Acceptable) **427 HERON AVE** NAPLES,, FL 34108 Zip Code 8. The above named entity submits this statement for the purpose of changing its rec stered office or registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition DELANEY, DYREL P NAME NAME STREET ADDRESS **427 HERON AVE** STREET ADDRESS CITY-ST-ZIF NAPLES, FL 34108 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition

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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Addition

FILED