

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065074

Entity Name: IMOMENTS MEDIA LLC

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

744 W. MCNAB RD.
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

744 W. MCNAB RD.
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 35-2257785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMCOX, RYAN W
1861 BARCELONA TERRACE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

SIMCOX, RYAN W
744 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 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: RYAN SIMCOX

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMCOX, RYAN W
Address: 1861 BARCELONA TERRACE
City-St-Zip: MARGATE, FL 33063

Title: MGR () Delete
Name: HAYNES, ROBERT A
Address: 465 NE 5TH ST
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: BOLENDER, CHRISTOPHER J
Address: 6848 NW 28TH AVENUE
City-St-Zip: FT.LAUDERDALE, FL 33309

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 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: CHRISTOPHER BOLENDER

MGR

02/07/2006

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