

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072481

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** MONTLICK MEDIA SERVICES, LLC

**Current Principal Place of Business:**

970 CAPE MARCO DRIVE  
SUITE 1206  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

2004 ASHLAND CT  
WILMINGTON, NC 28405 US

**Current Mailing Address:**

970 CAPE MARCO DRIVE  
SUITE 1206  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

2004 ASHLAND CT  
WILMINGTON, NC 28405 US

**FEI Number:** 20-3341013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONTLICK, DAVID  
970 CAPE MARCO DRIVE  
SUITE 1206  
MARCO ISLAND, FL 34145 US

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

WEBSTER, RON ESQ.  
979 N COLLIER BLVD  
MARCO ISLAND, FL 34145 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:** RON WEBSTER

04/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** MONTLICK, DAVID  
**Address:** 970 CAPE MARCO DRIVE, SUITE 1206  
**City-St-Zip:** MARCO ISLAND, FL 34145 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** MONTLICK, DAVID  
**Address:** 2004 ASHLAND CT  
**City-St-Zip:** WILMINGTON, NC 28405 US

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:** DAVID MONTLICK

MGR

04/23/2008

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