

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072682

Entity Name: DIRECT HIT MEDIA, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

2578 ENTERPRISE ROAD
SUITE 325
ORLANDO, FL 32763

New Principal Place of Business:

359 FOXHILL DRIVE
DEBARY, FL 32713

Current Mailing Address:

2578 ENTERPRISE ROAD
SUITE 325
ORLANDO, FL 32763

New Mailing Address:

359 FOXHILL DRIVE
DEBARY, FL 32713

FEI Number: 20-3199997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAVEK, BRADLEY A
359 FOXHILL DRIVE
DEBARY, FL 32713 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: PAVEK, BRADLEY A
Address: 359 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MGR () Delete
Name: PAVEK, BEDA J
Address: 359 FOXHILL DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MGR (X) Delete
Name: NEIBERGER, KELLY
Address: 3828 DREW AVENUE
City-St-Zip: MINNEAPOLIS, MN 55410

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: BRADLEY A. PAVEK

MGR

04/24/2006

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