

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074137

FILED
Apr 17, 2009
Secretary of State

Entity Name: TOTAL CONCEPT INITIATIVE, LLC

Current Principal Place of Business:

13555 AUTOMOBILE BLVD.
SUITE 640
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

13555 AUTOMOBILE BLVD.
SUITE 640
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-3212356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202 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: MGRM () Delete
Name: MULTI-MEDIA EXPOSURE,INC
Address: 150 MORRISTOWN RD. STE 110
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: MGRM () Delete
Name: HARTMAN MEDIA MANAGEMENT,INC
Address: 12840 STANWICK CIR.
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: PTK PRODUCTIONS,INC
Address: 10635 HUSTON LN.
City-St-Zip: LARGO, FL 33774

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: STEPHEN E. PORTAS

CONT

04/17/2009

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