

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074682

**FILED**  
**Apr 05, 2006**  
**Secretary of State**

**Entity Name:** TCM MEDIA ASSOCIATES, LLC

**Current Principal Place of Business:**

5880 MIDNIGHT PASS ROAD, #701  
SARASOTA, FL 34242

**New Principal Place of Business:**

5880 MIDNIGHT PASS ROAD,  
#701  
SARASOTA, FL 34242 US

**Current Mailing Address:**

5880 MIDNIGHT PASS ROAD, #701  
SARASOTA, FL 34242

**New Mailing Address:**

5880 MIDNIGHT PASS ROAD  
#701  
SARASOTA, FL 34242 US

FEI Number: 13-3919614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALARA, ANTHONY C  
5880 MIDNIGHT PASS ROAD, #701  
SARASOTA, FL 34242 US

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

MALARA, ANTHONY C  
5880 MIDNIGHT PASS ROAD  
#701  
SARASOTA, FL 34242 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: ANTHONY C. MALARA

04/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MMBR ( ) Change (X) Addition  
Name: MALARA, ANTHONY C  
Address: 5880 MIDNIGHT PASS ROAD, #701  
City-St-Zip: SARASOTA, FL 34242 US

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: ANTHONY C. MALARA

MMBR

04/05/2006

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