




FILED
May 03, 2007 8:00 am
Secretary of State

02-19-2007 90196 028 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000074682			
1. Entity Name TCM MEDIA ASSOCIATES, LLC			
Principal Place of Business 5880 MIDNIGHT PASS ROAD, #701 SARASOTA, FL 34242 US		Mailing Address 5880 MIDNIGHT PASS ROAD #701 SARASOTA, FL 34242 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9257 Bailey Lane	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State Fairfax VA	
Zip		Zip 22031	
Country		Country USA	
4. FEI Number 13-3918614		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MALARA, ANTHONY C 5880 MIDNIGHT PASS ROAD #701 SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name John A. Moran Street Address (P.O. Box Number is Not Acceptable) c/o Dunlap & Moran, P.A. 1900 Main Street Suite 700 City Sarasota FL Zip Code 34230	
8. 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. I am further authorized to accept the resignation of registered agent. SIGNATURE:  DATE: 3-16-07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
MANAGING MEMBERS/MANAGERS			
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MALARA, ANTHONY C		
CITY - ST - ZIP	5880 MIDNIGHT PASS ROAD, #701 SARASOTA, FL 34242		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		
9. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes. SIGNATURE:  DATE: 2/11/07 703 253 2027 SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30006787



Anthony J. Malara, Manager