

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076151

FILED
Apr 15, 2008
Secretary of State

Entity Name: SPROUTLOUD MEDIA NETWORKS, LLC

Current Principal Place of Business:

15431 SW 14TH STREET
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

15431 SW 14TH STREET
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 13-4304414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUSTERMAN, JARED L MR.
14521 SW 67 AVE
MIAMI, FL 33158 US

Name and Address of New Registered Agent:

SHUSTERMAN, JARED L MR.
400 SOUTH POINTE DRIVE
UNIT #1801
MIAMI BEACH, FL 33139 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: JARED SHUSTERMAN

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHUSTERMAN, JARED
Address: 14521 SOUTHWEST 67TH AVE.
City-St-Zip: MIAMI, FL 33158

Title: ST () Delete
Name: SHUSTERMAN, JARED
Address: 14521 SOUTHWEST 67TH AVE.
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHUSTERMAN, JARED
Address: 400 SOUTH POINTE DRIVE #1801
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST (X) Change () Addition
Name: SHUSTERMAN, JARED
Address: 400 SOUTH POINTE DRIVE #1801
City-St-Zip: MIAMI BEACH, FL 33139

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: JARED SHUSTERMAN

MGR

04/15/2008

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