2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

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Entity Name: GREEN WAVE MEDIA, LLC

Current Principal Place of Business:

406 HAMMOCK PINE BLVD
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

406 HAMMOCK PINE BLVD
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 20-3390579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT F. DIMARCO, C.P.A. PA
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685 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:	MCCABE, STEPHEN	
Address:	406 HAMMOCK PINE BLVD	
City-St-Zip:	CLEARWATER, FL 33761 US	
Title:	MGR	( ) Delete
Name:	MCCABE, DEBORAH	
Address:	406 HAMMOCK PINE BLVD	
City-St-Zip:	CLEARWATER, FL 33761 US	
Title:	MGR	( ) Delete
Name:	SWARTZWELDER, BRIAN	
Address:	403 RIVERSIDE DR, APT 2	
City-St-Zip:	TARPON SPRINGS, FL 34689 US	

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: STEPHEN MCCABE MGRM 04/03/2007

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