

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097609

FILED
Jun 22, 2006
Secretary of State

Entity Name: MEDIA EMPIRE DISTRIBUTION, LLC

Current Principal Place of Business:

19454 E. COLONIAL DRIVE
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

19454 E. COLONIAL DRIVE
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 20-3353371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PANAKOS, PATRICK W
19454 E. COLONIAL DRIVE
ORLANDO, FL 32820 US

Name and Address of New Registered Agent:

JAQUESS, KAREN R
19454 E. COLONIAL DRIVE
ORLANDO, FL 32820 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: KAREN R JAQUESS

06/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PANAKOS, PATRICK W
Address: 19454 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32820

Title: MGR () Delete
Name: BONIFAY, SHANE
Address: 19454 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JAQUESS, KAREN R
Address: 19454 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32820

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: KAREN R JAQUESS

MGR

06/22/2006

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