

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111927

FILED
Jul 04, 2006
Secretary of State

Entity Name: WORLDWIDE PIXEL AD LLC

Current Principal Place of Business:

31115 SW 217 AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

31115 SW 217 AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 43-2098670 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:

Name and Address of New Registered Agent:

JEFFREY, FLANAGAN M ESQ
999 PONCE DE LEON BOULEVARD
SUITE 1000
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORTON, CHARLES E
Address: 31115 SW 197 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: MGR () Delete
Name: MORTON, THOMAS W
Address: 31115 SW 197 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORTON, CHARLES E
Address: 31115 SW 217 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: MGR (X) Change () Addition
Name: MORTON, THOMAS W
Address: 31115 SW 217 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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: CARLES E. MORTON

MGR

07/04/2006

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