2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 09, 2007 8:00 am Secretary of State **DOCUMENT # L06000004568** 04-30-2007 90075 032 ****50.00 1. Entity Name NMX HOLDINGS, LLC Principal Place of Business Malling Address 30012173 P.O. BOX 20989 P.O. BOX 20989 WEST PALM BEACH, FL 33416 WEST PALM BEACH, FL 33416 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 87-0*8058*4 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDDY, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 560 VILLAGE BOULEVARD, SUITE 120 WEST PALM BEACH, FL 33409 Zip Code 3. 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 familiar with, and accept the obligations of registered agent. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Ruddy Christopher Done 560 Village Blud. Suite 120 TITLE Oriete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ACCRESS Palm Beach, FL 33 409 CTV-ST-7P CITY-ST-ZP October TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CTY-ST-ZP MLE ☐ Deleve TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-51-20 CITY-ST-ZP Octor TITLE TITLE Addition NAME. NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZP CITY-ST-ZIP TITE F Delete TITLE ☐ Change ☐ Addition NA LAS NAME STREET ADDRESS STREET ADDRESS OTY-\$1-2P CITY-ST-ZP IIILE Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP 11. I hereby certify that the information supplied with this filling 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 signatured 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED

Daytme Phone #

ATTACHMENT 3 0012173 NewsMax Media, Inc.

August 6, 2007

Division of Corporations Florida Department of State PO Box 6478 Tallahassee, FL 32314

DOCUMENT # L06000004568

Dear Sir or Madam:

We have enclosed the annual report that you returned to us. As requested, we have added the new Federal Employer Identification Number.

We have already paid the filing fee and ask that you now consider the report filed and stop any administrative dissolution actions pending.

Thanks you for your consideration of this request.

Sincerely,

Tony Grogan
Tony Grogan

NMX Holdings, LLC