


**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90042 017 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000007294</b>			
1. Entity Name <b>BRAD WILKERSON INTERACTIVE LLC</b>			
Principal Place of Business <b>308 VIZCAYA DR. PALM BEACH GARDENS, FL 33418</b>		Mailing Address <b>308 VIZCAYA DR. PALM BEACH GARDENS, FL 33418</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/O Kemper CPA Group, LLP</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>333 Broadway, Suite 1001</b>	
City & State		City & State <b>Paducah, Kentucky</b>	
Zip	Country	Zip	Country
		<b>42001</b>	<b>United States</b>
4. FEI Number <b>26-0153228</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WILKERSON, STEPHEN B 308 VIZCAYA DR. PALM BEACH GARDENS, FL 33418</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WILKERSON, STEPHEN B 308 VIZCAYA DR. PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 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: <u><i>Stephen B Wilkerson</i></u> <b>Stephen B Wilkerson</b> <u>5/24/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			