

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007852

FILED
Sep 03, 2008
Secretary of State

Entity Name: ALSET MEDIA, LLC

Current Principal Place of Business:

20 ATLANTIC AVENUE
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

283 CR-57
ROSEBOOM, NY 13450 US

Current Mailing Address:

20 ATLANTIC AVENUE
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

283 CR-57
ROSEBOOM, NY 13450 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

COBB, STEPHEN T
20 ATLANTIC AVENUE
ST. AUGUSTINE, FL 32084 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: STEPHEN T COBB

09/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COBB, STEPHEN T
Address: 20 ATLANTIC AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM () Delete
Name: SCHWARTAU, WINN
Address: 11511 PINE STREET
City-St-Zip: SEMINOLE, FL 33772 US

ADDITIONS/CHANGES:

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 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 T. COBB

MR.

09/03/2008

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