

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-01-2007 90332 042 ****50.00

DOCUMENT # L06000011917 1. Entity Name ADAGIO MEDIA, LLC			
Principal Place of Business 112 N. EAST STREET SUITE B TAMPA, FL 33602		Mailing Address 1908 ROFFE ROAD PARK CITY, UT 84098	
2. Principal Place of Business - No P.O. Box # 2240 Belleair Rd		3. Mailing Address 2240 Belleair Rd	
Suite, Apt. #, etc. Suite 190		Suite, Apt. #, etc. Suite 190	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33764		Zip 33764	
Country US		Country US	
4. FEI Number 59-3484311		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUKE CHARLES LIROT, P.A. 112 N. EAST STREET SUITE B TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Luke Charles Lirot, P.A. Street Address (P.O. Box Number is Not Acceptable) 2240 Belleair Rd Suite 190 City Clearwater, FL State FL Zip 33764	
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 Luke Lirot DATE 4-30-07			
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 MGRM GEDDES, JEFF 1908 ROFFE ROAD PARK CITY, UT 84098	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Lirot, Luke C 2240 Belleair Rd, Suite 190 Clearwater, FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM WHITEHEAD, DOUG 1908 ROFFE ROAD PARK CITY, UT 84098	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 606, Florida Statutes.			
SIGNATURE Luke Lirot		Date 4-30-07 (707)536-2100	