

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90029 038 \*\*\*\*50.00

**DOCUMENT # L06000024380**

1. Entity Name  
**TSS MEDIA GROUP, LLC**



Principal Place of Business  
**2101 BRICKELL AVENUE  
#2306  
MIAMI, FL 33129**

Mailing Address  
**2101 BRICKELL AVENUE  
#2306  
MIAMI, FL 33129**

**60042108**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4503305**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENENDEZ, JOSE JR.  
5431 GRANADA BOULEVARD  
CORAL GABLES, FL 33146**

Name **Christopher B. Dosen**

Street Address (P.O. Box Number is Not Acceptable)

**2101 Brickell Ave. #2306**

City **Miami**

**FL**

Zip Code **33129**

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

**CHRISTOPHER B. DOSEN**

**4/25/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **MGRM** ☒ Delete  
NAME **MENENDEZ, JOSE JR.**  
STREET ADDRESS **5431 GRANADA BOULEVARD**  
CITY - ST - ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **MGRM** ☐ Delete  
NAME **DOSEN, CHRISTOPHER B**  
STREET ADDRESS **2101 BRICKELL AVENUE, #2306**  
CITY - ST - ZIP **MIAMI, FL 33129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: **CHRISTOPHER B. DOSEN** **4/25/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #