

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038831

FILED
Sep 04, 2008
Secretary of State

Entity Name: AXIOS DIGITAL MEDIA, LLC

Current Principal Place of Business:

1710 SPLIT FORK DRIVE
OLDSMAR, FL 34677

New Principal Place of Business:

22100 LITTLE LAGOON COURT
LUTZ, FL 33549

Current Mailing Address:

1710 SPLIT FORK DRIVE
OLDSMAR, FL 34677

New Mailing Address:

22100 LITTLE LAGOON COURT
LUTZ, FL 33549

FEI Number: 20-5572250 FEI Number Applied For () FEI Number Not Applicable () 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:

MUMMAU, ABRAM
1710 SPLIT FORK DRIVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HAVERTY, BLAINE
22100 LITTLE LAGOON COURT
LUTZ, FL 33549 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: BLAINE HAVERTY

09/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUMMAU, ABRAM
Address: 1710 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: HAVERTY, BLAINE
Address: 22100 LITTLE LAGOON COURT
City-St-Zip: LUTZ, FL 33549

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: BLAINE HAVERTY

MGR

09/04/2008

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