2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2008
Secretary of State

DOCUMENT# L06000044801

Entity Name: SUPREME MEDIA, LLC

Current Principal Place of Business:

757 SOUTHEAST 17TH STREET
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

757 SOUTHEAST 17TH STREET
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-4775463 **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:

JOHN, LEON
757 SOUTHEAST 17TH STREET, 285
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

COSTANTINO, GLORIA
6278 N. FEDERAL HWY
230
FORT LAUDERDALE, FL 33308 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: GLORIA COSTANTINO 08/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEON, JOHN
Address: 757 SOUTHEAST 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ST ( ) Delete
Name: LEON, JOHN
Address: 757 SOUTHEAST 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

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: JOHN LEON MDR 08/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date