

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068915

Entity Name: LEXOS MEDIA, LLC

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

135650 FIDDLESTICKS BLVD, STE 202-195  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

135650 FIDDLESTICKS BLVD  
STE 202-195  
FORT MYERS, FL 33912 US

## Current Mailing Address:

135650 FIDDLESTICKS BLVD, STE 202-195  
FORT MYERS, FL 33912 US

## New Mailing Address:

135650 FIDDLESTICKS BLVD  
STE 202-195  
FORT MYERS, FL 33912 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

NEXUS CAPITAL  
13650 FIDDLESTICKS BLVD.  
FORT MYERS, FL 32301 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: CRAIG PISARIS-HENDERSON

01/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: NEXUS CAPITAL LLC,  
Address: PO BOX 60412  
City-St-Zip: FORT MYERS, FL 33906 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NEXUS CAPITAL LLC,  
Address: 135650 FIDDLESTICKS BLVD, STE 202-195  
City-St-Zip: FORT MYERS, FL 33912 US

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: CRAIG PISARIS-HENDERSON

MGRM

01/12/2009

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