

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072613

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CLEAR SHOT MEDIA GROUP, LLC

**Current Principal Place of Business:**

2022 ALTA MEADOWS LANE, UNIT 604  
DELRAY BEACH, LF 33433

**New Principal Place of Business:**

2022 ALTA MEADOWS LANE  
UNIT 604  
DELRAY BEACH, LF 33433

**Current Mailing Address:**

2022 ALTA MEADOWS LANE, UNIT 604  
DELRAY BEACH, LF 33433

**New Mailing Address:**

2022 ALTA MEADOWS LANE  
UNIT 604  
DELRAY BEACH, LF 33433

FEI Number: 22-3939344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDERSON, MICHELLE L  
2022 ALTA MEADOWS LN  
604  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HENDERSON, STUART A  
Address: 2022 ALTA MEADOWS LANE, UNIT 604  
City-St-Zip: DELRAY BEACH, LF 33433

Title: ST ( ) Delete  
Name: HENDERSON, STUART A  
Address: 2022 ALTA MEADOWS LANE, UNIT 604  
City-St-Zip: DELRAY BEACH, LF 33433

**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: STUART HENDERSON

MGR

04/29/2009

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