## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 12, 2007 8:00 am Secretary of State

DOCUMENT # L06000083470  1. Entity Name MERIDIAN MEDIA GROUP, LLC.								01-12-2007	' 90029 (	)49 ****5.	5.00
Principal Place of Business 801 WEST BAY DRIVE SUITE 203 LARGO, FL 33770			Mailing Address 801 WEST BAY DRIVE SUITE 203 LARGO, FL 33770					11: <b>12:10 :</b> 1111 <b>  11</b> 11 <b>  11</b> 11   <b>11</b> 11			<b>11</b> 1 111 1 <b>4 1</b> 1
2. Principal Place of Business - No P.O. Box # 1915 East Bay Dr.			3. Mailing Address 1915 East Bay Dr.								
Suite, Apt. #, etc. 4B			Suite, Apt. #, etc. 4B				01062007	Chg-LLC	CR2E0	083 (12/06)	
City & State Largo, Florida			City & State Largo, Florida				4. FEI Numb			<u> </u>	plied For t Applicable
Zip 33771	Zip Country		Zip Count 33771 Pine		try ellas		5. Certificat	e of Status Desired	X	\$5.00 Addi	
33//1	6. Name	and Address of Current	1	2 211			7. Name an	d Address of New F	Registered .	<u> </u>	1
DESLINI	EINIANCIA	N SÉRVICES INC			Name						
DRESLIN FINANCIAL SERVICES, INC. 7985 113TH STREET SUITE 220					Street Ac	Address (P.O. Box Number is Not Acceptable)					
SEMINOLE, FL 33772											
		City				,	FL				
8. The above the obligation	named entit ions of regist	y submits this statement to tered agent.	r the purpose of changing its	registere	ed office or	registere	d agent, or b	oth, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed pame of registered agent	and title if applicable. (NOTE	: Registere	d Agent signatu	re required v	vhen reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State				
Fi D	iling Fee i ue by Ma	is \$50.00 y 1, 2007						1		-	3
9. <sub>12</sub>	ue by Ma	y 1, 2007 MANAGING MEMBE	· · · · · · · · · · · · · · · · · · ·	10.		мсрм		Florid ADDITIONS	a Departm	ent of State	
9. ; >	MGRM	MANAGING MEMBE	RS/MANAGERS	10.		MGRM	0111017	ADDITIONS GREGORY G	a Departm	ent of State	Addition
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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPES OF PROMED WAS ED SIGNATION MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

1-5-07

727-230-9735