

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-12-2007 90029 049 ****55.00

DOCUMENT # L06000083470 1. Entity Name MERIDIAN MEDIA GROUP, LLC.					
Principal Place of Business 801 WEST BAY DRIVE SUITE 203 LARGO, FL 33770			Mailing Address 801 WEST BAY DRIVE SUITE 203 LARGO, FL 33770		
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			
City & State Largo, Florida		City & State Largo, Florida			
Zip 33771		Zip 33771			
Country Pinellas		Country Pinellas		4. FEI Number 20-5428137	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DRESLIN FINANCIAL SERVICES, INC. 7985 113TH STREET SUITE 220 SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRIST, GREGORY G <input type="checkbox"/> Delete 801 13TH COURT SW LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRIST, GREGORY G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1915 EAST BAY DR. 4B LARGO, FL. 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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:			1-5-07 707-230-9735		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		