2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# L06000094967

Entity Name: NEXMEDIA LLC

Current Principal Place of Business:

7955 N.W. 12TH ST.
415
DORAL, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

7955 N.W. 12TH ST.
415
DORAL, FL 33126 US

New Mailing Address:

FEI Number: 20-5630098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENAO, KEVIN
7955 N.W. 12TH ST.
415
DORAL, FL 33126 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: MGRM ( ) Delete
Name: HENAO, KEVIN
Address: 455 N.E 25TH ST #407
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM ( ) Delete
Name: CORREA, MAURICIO
Address: 6181 S.W. 17TH ST
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM (X) Delete
Name: STANLEY, PAUL
Address: 15610 CEDAR GROVE LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: STANLEY, PAUL
Address: 15610 CEDAR GROVE LANE
City-St-Zip: WELLINGTON, FL 33414

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: KEVIN HENAO MGR 07/02/2009

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