2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 19, 2007 8:00 am Secretary of State **DOCUMENT # L06000096201** 1. Entity Name 02-19-2007 90197 012 ****55.00 STANDERD MEDIA, LLC Mailing Address Principal Place of Business 2875 S. ORANGE AVE 2875 S. ORANGE AVE SUITE 500-2710 SUITE 500-2710 ORLANDO, FL 32806 US ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State 20-5 Not Applicable Country Zip \$5.00 Additional Country ď 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEY MEDDOCK CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 3252 INVERNESS COURT O RLA NDO 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. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MEDDOCK, JOEY NAME NAME 3252 INVERNESS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP MGRM MGRM TITLE Delete TITS F Change ☐ Addition KRAWCZYK, JAMES JAMES KRAWCZYK NAME NAME 1931 BAXTER AVE 701 BUCKWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY - ST - ZIP ORIANDO FL. 32804 MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE LETCHWORTH, JOSH NAME STREET ADDRESS STREET ADDRESS 180 WEST WILBUR AVE CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE.

STREET ADDRESS

CITY-ST-28P