


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

05-29-2007 90286 022 ****50.00

DOCUMENT # L06000096669			
1. Entity Name SXMG.COM, LLC			
Principal Place of Business 2610 NE 9TH CT. POMPAÑO BEACH, FL 33062 US		Mailing Address 2610 NE 9TH CT. POMPAÑO BEACH, FL 33062 US	
2. Principal Place of Business, No P.O. Box # 2810 NE 9th CT		3. Mailing Address 2810 NE 9th CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33062	Country US	Zip 33062	Country US
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05242007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Cynthia Schwartz Street Address (P.O. Box Number is Not Applicable) 2810 NE 9th CT City Pompano Beach FL 33062	
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 Cynthia Schwartz DATE 5/24/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining.)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, CYNTHIA C 2610 NE 9TH CT. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, CYNTHIA C 2810 NE 9th CT Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: Cynthia Schwartz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 7-9-07 Telephone 954-707-1805 <small>Date Daytime Phone</small>	