2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2007
Secretary of State

DOCUMENT# L06000097267

Entity Name: POCKET MEDIA PARTNERS, LLC

Current Principal Place of Business:

213 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

213 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 54-2154610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHAFFER, KEN
213 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082 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: SCHAFFER, KEN
Address: 213 SOLANO CAY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: PARKER, JANN W
Address: 2040 N MACARTHUR BLVD. , SUITE 122-205
City-St-Zip: IRVING, TX 75038

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: PARKER, JANN W
Address: 4020 N MACARTHUR BLVD. , SUITE 122-205
City-St-Zip: IRVING, TX 75038

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: JANN PARKER MGR 08/22/2007

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