

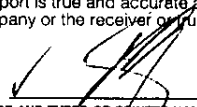


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90040 048 \*\*\*\*50.00

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # L06000101423</b><br>1. Entity Name<br><b>UNBOUND MEDIA LLC</b>   |  |   |  |   |   |
| Principal Place of Business<br><b>1602 ALTON ROAD, #604</b><br><b>MIAMI BEACH, FL 33139</b>  |  |   | Mailing Address<br><b>1602 ALTON ROAD, #604</b><br><b>MIAMI BEACH, FL 33139</b>  |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |  |   |
| 03302007    Chg-LLC    CR2E083 (12/06)   |  |   |  | 4. FEI Number<br><b>20-5731078</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |   |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>NAVARRO, DAVID E</b><br><b>1602 ALTON ROAD, #604</b><br><b>MIAMI BEACH, FL 33139</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                        |  |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>NAVARRO, DAVID E<br>1602 ALTON ROAD, #604<br>MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>PEREZ, ELIZABETH<br>1602 ALTON ROAD, #604<br>MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>PERNIA, CLAUDIA<br>1602 ALTON ROAD, #604<br>MIAMI BEACH, FL 33139  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |  |   |
| <b>SIGNATURE:</b>   |  |   |  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>DAVID NAVARRO</b> Date <b>04/07/06</b> Daytime Phone # <b>7663068091</b>  |  |   |  |  |   |