FILED
Apr 27, 2007 8:00 am
Secretary of State
04-11-2007 90159 037 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000103419

1. Entity Name
FTTD MEDIA GROUP, LLC

Principal Place of Business	Mailing Address
6967 SUPERIOR STREET CIRCLE SARASOTA, FL 34243-5308	6967 SUPERIOR STREET CIRCLE SARASOTA, FL 34243-5308

03012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2111 S. Brink Avenue		2111 S. Brink Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34239	Country: USA	Zip: 34239	Country: USA

4. FEI Number: 20-5794508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAYLOR, W.E. 901 RIDGEWOOD AVENUE VENICE, FL 34285	Name: James Ferri Street Address (P.O. Box Number is Not Acceptable): 2111 S. Brink Avenue City: Sarasota FL Zip Code: 34239

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: James Ferri 3-28-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-OWNER JAMES FERRI 2111 S. BRINK AV SARASOTA FL 34239-4204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-OWNER MATT ORR 1866 HAWKINS COURT SARASOTA FL 34236	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: James Ferri 3-28-2007 941.366.5981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #