2007 LIMITED LIABILITY COMPANY

FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90030 029 ****50.00

Daytime Phone #

Date

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DOCUMENT # L06000110601 PODHOLE MEDIA, LLC 60042172 Principal Place of Business Mailing Address 2929 EAST COMMERCIAL BLVD. 2929 EAST COMMERCIAL BLVD. SUITE 409 **SUITE 409** FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5837550 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARNES, JOSEPH B Street Address (P.O. Box Number is Not Acceptable) 2929 EAST COMMERCIAL BLVD. SUITE 409 FT. LAUDERDALE, FL 33308 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 SIGNATURE Signature, typed or (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE Delete Change Addition BARNES, JOSEPH B III NAME NAME STREET ADDRESS **677 SHERIDAN COURT** STREET ADDRESS CITY-ST-ZIP LAKE ZURICH, IL 60047 CITY-ST-ZIP HILE **MGRM** TITLE ☐ Change Addition **D**elete BARNES, JOSEPH B NAME NAME 2929 EAST COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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-S1-ZIP ☐ Defete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition TITLE Delete THUE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 847-989-2508 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE