## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2008 08:00 AN Secretary of State

	ANNU	JAL REPORT 🚗		Apr	24, 2000 00:1
DOCU	MENT # L06000	110601		Secretary of St	
1. Entity Nan	ne				
PODHOL	LE MEDIA, LLC				
Principal Plac	ce of Business	Mailing Address		-	
•	COMMERCIAL BLVD.	2929 EAST COMMERCIAL BL	ın.		
SUITE 409		SUITE 409	,		
FT. LAUDER	DALE, FL 33308	FT. LAUDERDALE, FL 33308			INI KISIL NAKA NKHI GANAN MGGAL WI KANI
		4			
*					
				01042008 No Chg-LLC	CR2E083 (12/07)
F	O NOT WRI	ITE IN THIS SPA	CF		
-	)			4. FEI Number 20-5837550	Applied For Not Applicable
					\$5.00 Additional
				5. Certificate of Status Desired	Fee Required
	6. Name and Address of C	urrent Registered Agent	· ·		
DADNES	JOSEPH B				
	T COMMERCIAL BLVD.			DO NOT WR	ITE ·
SUITE 409				IN THIS SDA	CE
FT. LAUD	ERDALE, FL 33308			IN THIS SPA	IC E
			ļ · ·	,	, ,
8. The above	named entity submits this stater	ment for the purpose of changing its registe	ered office or register	red agent, or both, in the State of Florida	a. I am familiar with, and accept
the obliga	tions of registered agent.			•	
SIGNATURE.					
	Signature, typed or printed name of registeri	red agent and title if applicable (NOTE Registe	red Agent signature required	d when reinstating) ໄດ້ຕົດຕິວິດ	DATE DO 70 T
FILE	E NOW!!! FEE IS \$138.7!	5		05/14/08-80	0056-017 138.75
	y 1, 2008 Fee will be \$5			2	
9.	MANIACINIC	MEMBERS/MANAGERS		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 3.46.m. 37.4m. d. 504.
TITLE	MGRM	MEMBERS/MANAGERS	$\exists : \cdot \cdot \cdot$		
NAME	BARNES, JOSEPH B III		** *		
STREET ADDRESS	677 SHERIDAN COURT				
CITY-ST-ZIP	LAKE ZURICH, IL 60047			•	
TITLE	,				
NAME SYDEET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					
TITLE		<del></del>	┨ `		
NAME					
STREET ADDRESS	ł			DO NOT WR	ITE
CITY-ST-ZIP					
TITLE				IN THIS SPA	CF * *
NAME				110001	
STREET ADDRESS CITY-ST-ZIP			•		•
TITLE	-	······································	-	•	,
NAME				1.0	و د و د د د د د د د د د د د د د د د د د
STREET ADDRESS					
CITY-ST-ZIP		•			<b>明显显示这个一个</b>
TITLE			1 '	A TO THE STATE OF	All the state of t
NAME			•		
STREET ADDRESS	1				

11. Thereby certify that the information supplied with this filling 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:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OF POINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/08 847-9892508 Date Daysing Phone #