

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113651

FILED
Apr 23, 2007
Secretary of State

Entity Name: DIVERSIFIED MEDIA SOLUTIONS, LLC

Current Principal Place of Business:

8501 ASTRONAUT BLVD. STE 5-202
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

8501 ASTRONAUT BLVD
STE # 5-202
CAPE CANAVERAL, FL 32920

Current Mailing Address:

8501 ASTRONAUT BLVD. STE 5-202
CAPE CANAVERAL, FL 32920

New Mailing Address:

8501 ASTRONAUT BLVD
STE # 5-202
CAPE CANAVERAL, FL 32920

FEI Number: 20-5986310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, AUSTIN B
8501 ASTRONAUT BLVD. STE 5-202
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

SMITH, AUSTIN B
8501 ASTRONAUT BLVD
STE # 5-202
CAPE CANAVERAL, FL 32920 US

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:

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, AUSTIN B
Address: 8501 ASTRONAUT BLVD. STE 5-202
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM (X) Delete
Name: OLSEN, CHRISTOPHER P
Address: 6200 GRISSOM PKWY
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES:

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

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

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: AUSTIN B SMITH

MGR

04/23/2007

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