
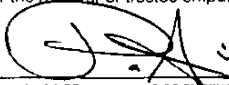


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90006 010 ***138.75

DOCUMENT # L06000120157 1. Entity Name YIXE MEDIA, LLC					
Principal Place of Business 9130 S. DADELAND BOULEVARD SUITE 1602 MIAMI, FL 33156 US			Mailing Address 9130 S. DADELAND BOULEVARD SUITE 1602 MIAMI, FL 33156 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1355 Remington Rd Ste G			
City & State		City & State Schaumburg, IL		4. FEI Number 20-8063440	
Zip 33156	Country US	Zip 60173	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VIVAS, EDUARDO F 9130 S. DADELAND BOULEVARD SUITE 1602 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIVAS, EDUARDO F 9130 S. DADELAND BOULEVARD, SUITE 1602 MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOUGH, BRETT 9130 S. DADELAND BOULEVARD, SUITE 1602 MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOUGH, BRETT 9130 S. DADELAND BOULEVARD, SUITE 1602 MIAMI, FL 33156	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOUGH, BRETT 9130 S. DADELAND BOULEVARD, SUITE 1602 MIAMI, FL 33156	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4/30/08 Daytime Phone #: 8478853300					