
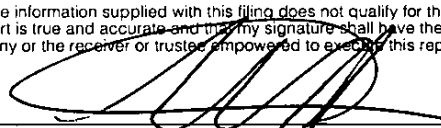


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000000629					
1. Entity Name JAM TV LLC					
Principal Place of Business 3017 MOCK DRIVE TALLAHASSEE, FL 32301			Mailing Address 3017 MOCK DRIVE TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 2281			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee FL			
Zip	Country	Zip	Country	05302008 Chg-LLC CR2E083 (12/06)	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOLINET, MARCO 3017 MOCK DRIVE TALLAHASSEE, FL 32301 <div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; left: 100px; top: 100px;">B/K</div>			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 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLINET, MARCO		NAME	400131091094	
STREET ADDRESS	3017 MOCK DRIVE		STREET ADDRESS	06/10/08--01007--003 **138.75	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWEL, SHADE		NAME		
STREET ADDRESS	3017 MOCK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNLAP, LARRY		NAME		
STREET ADDRESS	1088 COTTON WOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	WOODVILLE, FL 33188		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: _____ Daytime Phone #: _____		

FILED
08 JUN -2 PM 1:15
TALLAHASSEE, FLORIDA

