

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017552

FILED
Jun 01, 2009
Secretary of State

Entity Name: MAINSTREET MOBILE MEDIA, LLC

Current Principal Place of Business:

10416 WILLARK WAY
TAMPA, FL 336472962

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1513
RIVERVIEW, FL 335681513

New Mailing Address:

FEI Number: 20-8539924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIXON, ANDRE D
10502 BOYETTE CREEK BLVD.
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

DIXON, ANDRE D
11731 NEWBERRY GROVE LOOP
RIVERVIEW, FL 33579 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:

06/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COX, RON K
Address: 10416 WILLARK WAY
City-St-Zip: TAMPA, FL 336472962

Title: MGRM () Delete
Name: DIXON, ANDRE D
Address: 10502 BOYETTE CREEK BLVD.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DIXON, ANDRE D
Address: 11731 NEWBERRY GROVE LOOP
City-St-Zip: RIVERVIEW, FL 33579

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: ANDRE D DIXON

MGRM

06/01/2009

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