

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030252

FILED  
May 08, 2010  
Secretary of State

**Entity Name:** AMERICAN ON HOLD MEDIA LLC

**Current Principal Place of Business:**

901 S. STATE ROAD 7  
SUITE 240  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

901 S. STATE ROAD 7  
SUITE 240  
HOLLYWOOD, FL 33023

**New Mailing Address:**

**FEI Number:** 20-8683657      **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:**

**Name and Address of New Registered Agent:**

GLASGOW, ANDY  
10130 NORTHLAKE BLVD  
SUITE 214-328  
WEST PALM BEACH, FL 33412 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GLASGOW, DONALD  
**Address:** 901 S. STATE RD 7  
**City-St-Zip:** HOLLYWOOD, FL 33023 US

**Title:** MGRM  
**Name:** GLASGOW, ANDREA  
**Address:** 901 S. STATE RD 7  
**City-St-Zip:** HOLLYWOOD, FL 33023 US

**Title:** MGRM  
**Name:** GLASGOW, ANDREW  
**Address:** 901 S. STATE RD 7  
**City-St-Zip:** HOLLYWOOD, FL 33023 US

**Title:** MGRM  
**Name:** GLASGOW, ROBERTA  
**Address:** 901 S. STATE RD 7  
**City-St-Zip:** HOLLYWOOD, FL 33023 US

I hereby 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: ANDREW GLASGOW

MGRM

05/08/2010

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