

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043787

FILED  
Mar 17, 2008  
Secretary of State

**Entity Name:** NEXT GENERATION MEDIA TECHNOLOGIES LLC

**Current Principal Place of Business:**

10151 UNIVERSITY BLVD.  
175  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10151 UNIVERSITY BLVD.  
175  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 20-8936526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REED, ALEX J  
10151 UNIVERSITY BLVD.  
175  
ORLANDO, FL 32817 US

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

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 ( ) Delete  
**Name:** FERREL, KEN G  
**Address:** 10151 UNIVERSITY BLVD. PMB 175  
**City-St-Zip:** ORLANDO, FL 32817

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

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

**Title:** MGRM ( ) Change (X) Addition  
**Name:** ALEX, REED J  
**Address:** 10151 UNIVERSITY BLVD PMB 175  
**City-St-Zip:** ORLANDO, FL 32817

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:** ALEX REED

MGRM

03/17/2008

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