

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 03, 2008 8:00 am
Secretary of State

03-12-2008 90239 022 ***138.75

DOCUMENT # L07000055115 1. Entity Name PEDIAVISION HOLDINGS, LLC					
Principal Place of Business 185 WAYMONT CT. SUITE 111 LAKE MARY FL 32746 US			Mailing Address PO BOX 953007 LAKE MARY FL 32795-3007		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 26-0235160	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JONES, REBECCA A 1021 HOBSON ST. LONGWOOD FL 32750			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 _____ DATE _____ Sign above, typed or printed name of registered agent and if not acceptable, (NOTE: Registered Agent's signature required when reappointing)					
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	MGRM VENTURECORE HOLDINGS, LLC 7025 CR 46A, STE. 1071 #354 LAKE MARY FL 32746	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JONES, REBECCA A 1021 HOBSON ST. LONGWOOD FL 32750	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR David S. Melnik 3307 Lataview Oaks	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Palydowicz, Severin 510 Rt. 6 #209, Ste 6-7 Milford, PA 18337	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Arnold, Stephen, Dr. 500 NE 2nd St. Pompano Beach, FL 33060	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Rebecca A Jones</i> Rebecca A. Jones 2-26-08 888-514-7338 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					