2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056675

Entity Name: PREMIUM PLUS OMNIMEDIA, LLC

1743 FLORENCE VISTA BLVD

ORLANDO, FL 32818 US

Address:

City-St-Zip:

FILED May 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9077 LEE VISTA BLVD SUITE #1108 ORLANDO, FL 32829 US **New Mailing Address: Current Mailing Address:** 9077 LEE VISTA BLVD SUITE #1108 ORLANDO, FL 32829 US FEI Number: 26-0254553 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: SERVANTES, CLINT 9077 LEE VISTA BLVD US ORLANDO, FL 32861 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TEASLEY, DEREK T Name: Name: Address: 2573 GALLIANO CIRCLE Address: City-St-Zip: WINTER PARK, FL 32792 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SERVANTES, CLINT Name: Name: Address: 9077 LEE VISTA BLVD #1108 Address: City-St-Zip: ORLANDO, FL 32829 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CADOGAN, KEVIN Name: Name: 1743 FLORENCE VISTA BLVD, #119 Address: Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GRAHAM, ROBERT Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT GRAHAM MGRM 05/02/2009