

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90127 010 \*\*\*143.75

**DOCUMENT # L07000070247**

1. Entity Name  
**MARS VISION MEDIA GROUP, LLC**



Principal Place of Business  
**1121 LEWIS AVENUE  
SARASOTA, FL 34237 US**

Mailing Address  
**1121 LEWIS AVENUE  
SARASOTA, FL 34237 US**

**60027391**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**26-0644245**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **Robert Rowan**  
Street Address (P.O. Box Number is Not Acceptable)

**3803 65th Ave East**  
City **Sarasota** FL Zip Code **34243**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **ROWAN, ROBERT**  
CITY-ST-ZIP **1121 LEWIS AVENUE  
SARASOTA, FL 34237**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **PALMER, MARK M**  
CITY-ST-ZIP **1121 LEWIS AVENUE  
SARASOTA, FL 34237**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **WELDON, CLINT R**  
CITY-ST-ZIP **1121 LEWIS AVENUE  
SARASOTA, FL 34237**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Robert Rowan**

**4-20-08**