

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90021 037 \*\*\*138.75

<b>DOCUMENT # L07000072524</b>	
1. Entity Name MSC MEDIA, LLC	



**60000538**



Principal Place of Business 1219 N.E. 351 HIGHWAY CROSS CITY, FL 32628	Mailing Address 1219 N.E. 351 HIGHWAY CROSS CITY, FL 32628
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2. Principal Place of Business - No P.O. Box # 1219 NE 351 Highway	3. Mailing Address 1219 NE 351 Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cross City FL.	City & State Cross City FL.
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Zip 32628	Country USA	Zip 32628	Country USA
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01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0520876	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHEWNING, MARSHIA S  
1219 N.E. 351 HIGHWAY  
CROSS CITY, FL 32628

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to:</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHEWNING, MARSHIA S 1219 N.E. 351 HIGHWAY CROSS CITY, FL 32628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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: *Marshia S. Chewning*