

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

01-24-2008 90070 013 ***138.75

DOCUMENT # L07000074761 1. Entity Name SUNSHINE GLOBAL MEDIA GROUP, LLC			
Principal Place of Business 1508 PINE STREET MELBOURNE BEACH, FL 32951		Mailing Address 1508 PINE STREET MELBOURNE BEACH, FL 32951	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address P.O. Box 510370	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State Melbourne Bch, FL	
Zip 	Country 	Zip 32951	Country USA
4. FEI Number 26-0562578		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DETTMER, DALE A 304 S. HARBOR CITY BLVD., STE. 201 MELBOURNE, FL 32901		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 President ☐ Delete NAME Daniel L. Winkler STREET ADDRESS 114 Signature Drive CITY-ST-ZIP Melbourne Beach FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE Vice Pres ☐ Delete NAME Michael Greene STREET ADDRESS 1508 Pine Street CITY-ST-ZIP Melbourne Beach FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		1/21/08 (321) 302-1047 Date Daytime Phone #	