2008 LIMITED LIABILITY COMPANY

Feb 06, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #L07000077255** 02-06-2008 90123 047 ***138.75 MULTIMEDIA CONSULTANTS, LLC Principal Place of Business Mailing Address **4880 SYCAMORE DRIVE 4880 SYCAMORE DRIVE** NAPLES, FL 34119 NAPLES, FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 13-43629 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARDILLO, JOHN P ESQ Street Address (P.O. Box Number is Not Acceptable) 3550 TAMIAMI TRAIL EAST NAPLES, FL 34112 City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change **MGRM** ☐ Addition TITLE TITL F ☐ Delete FISH, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 4880 SYCAMORE DRIVE CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-73P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIFLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE

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 jequired by Chapter 608, Florida Statutes,

NAME

STREET ADDRESS

CITY-ST-ZIP

IG MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED