

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081258

**FILED**  
**Mar 19, 2008**  
**Secretary of State**

**Entity Name:** NEW MEDIA CREATIVE GROUP, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

8430 HOLLOW BROOKE CIR  
NAPLES, FL 34119 US

**New Principal Place of Business:**

1040 COLLIER CENTER WAY  
STE 15  
NAPLES, FL 34110 US

**Current Mailing Address:**

8430 HOLLOW BROOKE CIR  
NAPLES, FL 34119 US

**New Mailing Address:**

1040 COLLIER CENTER WAY  
STE 15  
NAPLES, FL 34110 US

**FEI Number:** 26-0744222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COSSETTA, JAMES J  
8430 HOLLOW BROOKE CIR  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: COSSETTA, JAMES  
Address: 8430 HOLLOW BROOKE CIR  
City-St-Zip: NAPLES, FL 34119 US

Title: MGR ( ) Delete  
Name: MASTRO, WADE G  
Address: 8451 HOLLOW BROOKE CIR  
City-St-Zip: NAPLES, FL 34119 US

Title: MGR ( ) Delete  
Name: ATWOOD, PATRICK  
Address: 1523 HAPPOLO LANE  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

**SIGNATURE:** ALISON MOSCA

CONT

03/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date