

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082677

Entity Name: AD-VANTAGE MEDIA LLC

FILED  
Feb 28, 2008  
Secretary of State

## Current Principal Place of Business:

9330 N.W. 8TH CIRCLE  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

9330 N.W. 8TH CIRCLE  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 22-3967418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: BERCUN, KEITH  
Address: 9330 N.W. 8TH CIRCLE  
City-St-Zip: PLANTATION, FL 33324

Title: S ( ) Delete  
Name: BERCUN, KEITH  
Address: 9330 N.W. 8TH CIRCLE  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: VP ( ) Change (X) Addition  
Name: BERCUN, MICHAEL  
Address: 1825 NE 117 ROAD  
City-St-Zip: NORTH MIAMI, FL 33181

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: MICHAEL BERCUN

VP

02/28/2008

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