

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084642

Entity Name: BLACK FOREST MEDIA LLC

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

3351 GRAND BLVD.
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

3351 GRAND BLVD.
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 26-0731653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTOSH, ANDREW L
% DLA PIPER US LLP
101 E. KENNEDY BLVD., STE. 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MCINTOSH, ANDREW L
FOWLER WHITE
501 E. KENNEDY BLVD.,
TAMPA, FL 33602 US

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:

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANTORO, EUGENE
Address: 3351 GRAND BLVD
City-St-Zip: HOLIDAY, FL 34690

Title: MGR () Delete
Name: RACHEL, ED
Address: 3351 GRAND BLVD
City-St-Zip: HOLIDAY, FL 34690

Title: CFO () Delete
Name: POSAVEC, ROBERT
Address: 3351 GRAND BLVD
City-St-Zip: HOLIDAY, FL 34690

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: ROBERT POSAVEC

CFO

02/02/2009

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