

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092002

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: MEDIA SAGES LLC

**Current Principal Place of Business:**

1997 S.W. 28TH AVENUE  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1997 S.W. 28TH AVENUE  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

500 SE 17TH ST STE 220  
FT. LAUDERDALE, FL 33316

FEI Number: 22-3968434

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:**

ADVISORY TAX SERVICE, INC  
500 SE 17TH ST  
STE 220  
FT.LAUDERDALE, FL 33316 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: ERIC YANKWITT

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIMCOX, DAVID  
Address: 1997 S.W. 28TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: S (X) Delete  
Name: SIMCOX, DAVID  
Address: 1997 S.W. 28TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

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: DAVID SIMCOX

MGR

04/22/2008

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