

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101836

Entity Name: APEX MEDIA, LLC

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

812 SWEETWATER CLUB BLVD.
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

812 SWEETWATER CLUB BLVD.
LONGWOOD, FL 32779 US

New Mailing Address:

P.O. BOX 915115
LONGWOOD, FL 32791 US

FEI Number: 26-1713801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, FLORENCE
812 SWEETWATER CLUB BLVD.
LONGWOOD, FL 32779 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: ALEXANDER, STANLEY SR.
Address: 812 SWEETWATER CLUB BLVD.
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR () Delete
Name: FLORENCE, ALEXANDER
Address: 812 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALEXANDER, STANLEY DR
Address: 812 SWEETWATER CLUB BLVD.
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM (X) Change () Addition
Name: FLORENCE, ALEXANDER DR
Address: 812 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL 32779 US

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: DR. FLORENCE ALEXANDER

MGRM

04/12/2009

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