

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111929

Entity Name: WRAP MEDIA GROUP, LLC

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

9815 NW 48TH DRIVE  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

9815 NW 48TH DRIVE  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

FEI Number: 26-1497452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERKE, DAVID  
9815 NW 48TH DRIVE  
CORAL SPRINGS, FL 33076 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: BERKE, IRA  
Address: 4644 WINDWARD COVE LANE  
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGR ( ) Delete  
Name: BERKE, DAVID  
Address: 9815 NW 48TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM ( ) Delete  
Name: CUSTAGE, DENNIS  
Address: 7755 NW 55TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGR ( ) Delete  
Name: BRITTON, WILLIAM  
Address: 200 S ANDREWS AVENUE, #500  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

**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:

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 BERKE

MGR

03/24/2009

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