

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90001 001 \*\*\*543.75

DOCUMENT # **L0700013549**

1. Entity Name  
**Nate Larson Media LLC**  
(IRS EIN # 26-1578170)



Principal Place of Business Mailing Address  
**10151 University Blvd #228 Orlando, FL 32817** **10151 University Blvd #228 Orlando FL 32817**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**10151 University Blvd #228** **10151 University Blvd #228**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Orlando Florida** City & State **Orlando Florida**  
Zip **32817** Country **Orange** Zip **32817** Country **Orange**

**Chg-LLC CR2E083 (12/06)**

4. FEI Number **26-1578170** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**McLeod, W. Edward, Esq.**  
**284 Park Avenue North**  
**Winter Park, FL 32789 US**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>CEO</b> <input checked="" type="checkbox"/> <b>Nate Larson</b> <input checked="" type="checkbox"/> <b>10151 University Blvd #228</b> <input checked="" type="checkbox"/> <b>Orlando FL 32817</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>Managing Member</b> <input checked="" type="checkbox"/> <b>Terry Larson</b> <input checked="" type="checkbox"/> <b>10151 University Blvd #228</b> <input checked="" type="checkbox"/> <b>Orlando FL 32817</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 **Terry Larson** **Terry Larson, Managing Member** **8/29/08** **407-921-2289**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #