

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015340

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WEEKS MEDIA GROUP L.L.C.

**Current Principal Place of Business:**

1375 GATEWAY BLVD  
SUITE 5  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 767  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

WEEKS, JASON E  
1375 GATEWAY BLVD  
SUITE 5  
BOYNTON BEACH, FL 33480 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: MGRM ( ) Delete  
Name: WEEKS, JASON E  
Address: P.O. BOX 767  
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGRM ( ) Delete  
Name: FLORIDA GONE WILD.COM  
Address: P.O BOX 767  
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGMR ( ) Change (X) Addition  
Name: FLORIDA NIGHT LIFE  
Address: P.O. BOX 767  
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGMR ( ) Change (X) Addition  
Name: SALE DEPOT.COM  
Address: 767 P.O. BOX 767  
City-St-Zip: PALM BEACH, FL 33480 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: JASON WEEKS

MGMR

04/30/2009

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