

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000025647

FILED
Mar 24, 2009
Secretary of State**Entity Name:** MOMENTUM MEDIA GROUP, LLC**Current Principal Place of Business:**207 S DISSTON AVENUE
TARPON SPRINGS, FL 34689 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 286
FOREST, VA 24551 US**New Mailing Address:**207 S DISSTON AVENUE
TARPON SPRINGS, FL 34689 US**FEI Number:** 20-1949616**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIANE, LISA
2079 N POINTE ALEXIS DRIVE
TARPON SPRINGS, FL 34689 US**Name and Address of New Registered Agent:**HAZLETT, BONNIE
2079 N POINTE ALEXIS DRIVE
TARPON SPRINGS, FL 34689 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: BONNIE HAZLETT

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: BRIGHT IDEA FARM LLC,
Address: 2079 N POINTE ALEXIS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 USTitle: MGRM (X) Delete
Name: HAZLETT, BONNIE
Address: 2079 N POINTE ALEXIS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: HAZLETT, BONNIE
Address: 2079 N POINTE ALEXIS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 USTitle: () 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: BONNIE HAZLETT

MGMR

03/24/2009

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