

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096366

Entity Name: SND MEDIA, LLC

FILED
Jun 10, 2009
Secretary of State

Current Principal Place of Business:

8601 COMMODITY CIRCLE
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

8601 COMMODITY CIRCLE
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-3542767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAW OFFICES OF LAWRENCE H. HABER, P.A.
6131 MESSINA LANE
SUITE 305
COCOA BEACH, FL 32931 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NIXON, DAVID
Address: 8601 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: DAWSON, CAMERON
Address: 8601 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: SWANSON, THOMAS
Address: 8601 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: THRIFT, SANDY
Address: 8601 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819 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 NIXON

PD

06/10/2009

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