2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# L08000106445

Entity Name: ONE FLY MEDIA, LLC

Current Principal Place of Business:

12890 AUTOMOBILE BLVD
SUITE G
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

12890 AUTOMOBILE BLVD
SUITE G
CLEARWATER, FL 33762

New Mailing Address:

PO BOX 41171
ST. PETERSBURG, FL 33743

FEI Number: 26-3717965 **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:

BAKER, GARY H
3993 ARLINGTON DRIVE
PALM HARBOR, FL 34685 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: MASTRINI, MARK
Address: 12890 AUTOMOBILE BLVD, SUITE G
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM (X) Delete
Name: MORGAN, BOB
Address: 12890 AUTOMOBILE BLVD, SUITE G
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MORGAN, ROBERT
Address: PO BOX 41171
City-St-Zip: ST PETERSBURG, FL 33743

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: ROBERT MORGAN MGR 06/23/2009

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