

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110492

Entity Name: GYS MEDIA, LLC

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 26-4087094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GY CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH, FL 33401 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: DP  
Name: PERRY, HUGH W  
Address: 777 S. FLAGLER DR #500  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VGC  
Name: BEUTTENMULLER, DONALD JR  
Address: 777 S. FLAGLER DR #500  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV  
Name: HACKLEMAN, ROBERT  
Address: 777 S. FLAGLER DR #500  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S  
Name: CRIPPEN, LEWIS F  
Address: 777 S. FLAGLER DR #500  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T  
Name: MCDERMOTT, STEPHEN  
Address: 777 S. FLAGLER DR #500  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: STEPHEN MCDERMOTT

T

04/13/2012

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