2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2011
Secretary of State

DOCUMENT# L10000019544

Entity Name: TRANSMEDIMAGE LLC

Current Principal Place of Business:

177 OCEAN LANE DR.
414
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

177 OCEAN LANE DR.
414
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 27-1970249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANCOCK, CHRISTOPHER R
177 OCEAN LANE DR.
414
KEY BISCAYNE, FL 33149 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
Name: HANCOCK, CHRISTOPHER R
Address: 177 OCEAN LANE DR. APT. 414
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM
Name: KABELLO, EDWARD C III
Address: 103 SHORE HILL CIRCLE
City-St-Zip: HENDERSONVILLE, TN 37075 US

Title: MGRM
Name: KABELLO, EDWARD C IV
Address: 2202 RIDGECREST TRAIL
City-St-Zip: CARROLLTON, TX 75007 US

Title: MGRM
Name: DONALD, HANCOCK R
Address: 420 RIVER OAKS DR.
City-St-Zip: CROPWELL, AL 35054 US

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 Statues.

SIGNATURE: CHRISTOPHER HANCOCK MGRM 08/30/2011

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