

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000019544

Entity Name: TRANSMEDIMAGE LLC

FILED  
Apr 30, 2012  
Secretary of State

## Current Principal Place of Business:

177 OCEAN LANE DR.  
414  
KEY BISCAVNE, FL 33149

## New Principal Place of Business:

177 OCEAN LANE DR.  
414  
KEY BISCAVNE, FL 33149 UN

## Current Mailing Address:

177 OCEAN LANE DR.  
414  
KEY BISCAVNE, 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 BISCAVNE, 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 BISCAVNE, 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 Statutes.

SIGNATURE: CHRISTOPHER HANCOCK

CEO

04/30/2012

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