

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000001092

1. Entity Name
PEAK MEDIA INVESTMENT, L.C.



Principal Place of Business

**101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA, FL 33602**

Mailing Address

**101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA, FL 33602**



04262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3202079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CEA INVESTORS, INC.
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRB PARTNERSHIP
STREET ADDRESS	1200 NEW HAMPSHIRE AVE., N.W.
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	MGRM
NAME	KIM ENTERPRISES L.P.
STREET ADDRESS	101 E KENNEDY BLVD, STE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	EWEN, HAROLD
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	QUITONI, FRANK
STREET ADDRESS	1450 SCALP AVENUE
CITY-ST-ZIP	JOHNSTOWN, PA 15904
TITLE	MGRM
NAME	LISECKY, BILL
STREET ADDRESS	92 SOUTH LAKE DRIVE
CITY-ST-ZIP	STAMFORD, CT 06903
TITLE	MGRM
NAME	LOREBE INVESTMENTS, LTD.
STREET ADDRESS	3301 BAYSHORE BLVD., #1803
CITY-ST-ZIP	TAMPA, FL 33629

U00000542078
05/10/06-80081-025 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Harold Ewen
Harold Ewen

4/26/2006
Date

(813) 226 8844
Daytime Phone #