

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 040 ****55.00

DOCUMENT # M00000000902

1. Entity Name

NEWSPRONET INTERACTIVE LLC



Principal Place of Business

PO BOX 510854
MELBOURNE BEACH, FL 32951

Mailing Address

219 SALT GRASS PL.
MELBOURNE BCH, FL 32951

DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

58-2367697

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYO, MARK
219 SALT GRASS PL.
MELBOURNE BEACH, FL 32951

**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)

7/27/04
DATE

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO
NAME	SHORE, MIKE
STREET ADDRESS	380 PILGRIMAGE POINT
CITY-ST-ZIP	ALPHARETTA, GA 30309
TITLE	EVP
NAME	MAYO, MARK
STREET ADDRESS	219 SALT GRASS PL.
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7/27/04
Date

321-729-8451
Daytime Phone #