

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000000546

Entity Name: MDS MEDIA LLC

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1411 CAPE CORAL PKWY E.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

4529 SW13 TH AVE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

1411 CAPE CORAL PKWY E.  
CAPE CORAL, FL 33904

**New Mailing Address:**

4529 SW13 TH AVE.  
CAPE CORAL, FL 33914

FEI Number: 65-1009360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAJEWSKI, MAREK  
1411 CAPE CORAL PKWY E.  
CAPE CORAL, FL 33904 US

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

MAJEWSKI, MAREK  
4529 SW13 TH AVE  
CAPE CORAL, FL 33914 US

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:

01/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MAJEWSKI, MAREK  
Address: 4529 SW 13TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MAJEWSKI

MGR

01/16/2006

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