2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90098 027 ***138.75

DOCUMENT # M02000002373

1. Entity Name
CEA MEDIA GROUP, LLC

Principal Place of Business
101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

Mailing Address
101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

60026774

01212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
33-1020680
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, BRAD A
101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	CEA GROUP LLC	
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	MGR	☐ Delete
NAME	MICHAELS, J. PATRICK JR	
STREET ADDRESS	101 E KENNEDY BLVD STE 3300	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	MGR	☐ Delete
NAME	GORDON, BRAD A	
STREET ADDRESS	101 E KENNEDY BLVD STE 3300	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 4/16/08 813-226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #