2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000001841

1. Entity Name
MEDIA ONE GROUP - FLORIDA, LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
147 BELL STREET #200 CHAGRIN FALLS, OH 44022	147 BELL STREET #200 CHAGRIN FALLS, OH 44022

DO NOT WRITE IN THIS SPACE

04192006No Chg-LLC CR2E083 (11/05)

4. FEI Number
34-1918125
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EMBRESCIA, JAMES T
266 EAGLE DRIVE
JUPITER, FL 33477

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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 N/A
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	MGR
NAME	EMBRESCIA, JAMES T
STREET ADDRESS	147 BELL STREET #200
CITY-ST-ZIP	CHAGRIN FALLS, OH 44022
TITLE	
NAME	
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05/12/06-80022-010 50.00

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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 606, Florida Statutes.

SIGNATURE: X James T Embrescia X 4/27/06 216-292-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #