


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # M03000001841</b><br>1. Entity Name<br><b>MEDIA ONE GROUP - FLORIDA, LIMITED LIABILITY<br/>COMPANY</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>147 BELL STREET #200<br/>CHAGRIN FALLS, OH 44022</b> | Mailing Address<br><b>147 BELL STREET #200<br/>CHAGRIN FALLS, OH 44022</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-LLC CR2E083 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>34-1918125</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required               |

6. Name and Address of Current Registered Agent

**EMBRESIA, JAMES T  
266 EAGLE DRIVE  
JUPITER, FL 33477**

**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 *N/A* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>EMBRESIA, JAMES T<br/>147 BELL STREET #200<br/>CHAGRIN FALLS, OH 44022</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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07/06/07-80016-012-50.00

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 609, Florida Statutes.

SIGNATURE *[Signature]* 7/2/07 216-292-8113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #