

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000003377

1. Entity Name  
AXIS MEDIA, LLC



Principal Place of Business  
129 E. JORDAN AVENUE  
WEST POINT, MS 39773

Mailing Address  
PO BOX 1076  
WEST POINT, MS 39773



01162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3857130

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RHODES, CHARLES  
8950 AGLIANA CIRCLE  
BOYNTON BEACH, FL 33437

**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)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RILEY, ROSS  
PO BOX 1076  
WEST POINT, MS 39773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TINSLEY, GREGORY E  
PO BOX 1076  
WEST POINT, MS 39773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KNIGHT, SAMMIE E  
PO BOX 1076  
WEST POINT, MS 39773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000109324  
04/12/04-80039-014 50.00

**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

2/18/04

Date

662  
492-4000

Daytime Phone #