2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000000987

1. Entity Name
VIEWZ MEDIA LLC

Principal Place of Business	Mailing Address
C/O JAY T. SHULMAN ONE OLD COUNTRY ROAD, STE. 240 CARLE PLACE, NY 11514	C/O JAY T. SHULMAN ONE OLD COUNTRY ROAD, STE. 240 CARLE PLACE, NY 11514

DO NOT WRITE IN THIS SPACE

07252005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0793238
☐ Applied For
☐ Not Applicable

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

6. *Name and Address of Current Registered Agent*

GENAITIS, RICHARD
630 WEST MONTROSE STREET
CLERMONT, FL 34711

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHULMAN, JAY T
STREET ADDRESS	ONE OLD COUNTRY ROAD, STE. 240
CITY-ST-ZIP	CARLE PLACE, NY 11514
TITLE	
NAME	
STREET ADDRESS	
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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: _____ 7/25/05 516 8775900 XT 229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #