

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000000987 1. Entity Name VIEWZ MEDIA LLC	
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Principal Place of Business C/O JAY T. SHULMAN ONE OLD COUNTRY ROAD, STE. 240 CARLE PLACE, NY 11514	Mailing Address C/O JAY T. SHULMAN ONE OLD COUNTRY ROAD, STE. 240 CARLE PLACE, NY 11514
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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**

**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

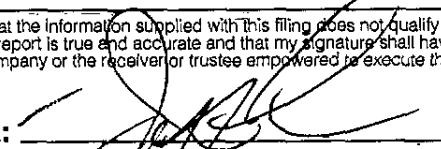
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHULMAN, JAY T ONE OLD COUNTRY ROAD, STE. 240 CARLE PLACE, NY 11514
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U00000375225
08/01/05-80010-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 875900** **XT 229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #