

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


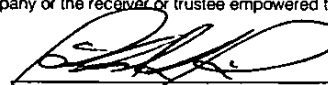
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Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90203 012 ****55.00

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01132005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M04000002842					
1. Entity Name HARBORPOINT MEDIA, LLC					
Principal Place of Business 125 BASIN STREET, SUITE 210 DAYTONA BEACH, FL 32114			Mailing Address 125 BASIN STREET, SUITE 210 DAYTONA BEACH, FL 32114		
2. Principal Place of Business		3. Mailing Address 212 EAST MAIN ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LEESBURG, FL		4. FEI Number 20-1284033	
Zip		Zip 34748		Country LAKE	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
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.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____			DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDLER PUBLISHING HOLDINGS, LLC 767 FIFTH AVENUE, 45TH FLOOR NEW YORK, NY 10153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDLER PUBLISHING HOLDINGS, LLC 711 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 1-13-05 352-365-8214		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		