2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003991

GRAVES, JAMES

CINCINNATI, OH 45236

8230 MONTGOMERY ROAD, SUITE 300

Name:

Address: City-St-Zip:

Entity Name: ON TARGET MEDIA, LLC

FILED Aug 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8230 MONTGOMERY ROAD, SUITE 300 CINCINNATI, OH 45236 **Current Mailing Address: New Mailing Address:** 8230 MONTGOMERY ROAD, SUITE 300 CINCINNATI, OH 45236 FEI Number: 01-0736473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WOOD, FRANK E Name: Name: 8230 MONTGOMERY ROAD, SUITE 300 Address: Address: City-St-Zip: CINCINNATI, OH 45236 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CRABB, JOHN R Name: Address: 8230 MONTGOMERY ROAD, SUITE 300 Address: City-St-Zip: CINCINNATI, OH 45236 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WYANT, PEG Name: Name: 8230 MONTGOMERY ROAD, SUITE 300 Address: Address: City-St-Zip: CINCINNATI, OH 45236 City-St-Zip: Title: MGR () Delete Title: () Change () Addition COLLETTE, MICHAEL Name: Name: 8230 MONTGOMERY ROAD, SUITE 300 Address: Address: City-St-Zip: CINCINNATI, OH 45236 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL COLLETTE PRES 08/01/2005