


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90018 002 ***138.75

DOCUMENT # M07000000891	
1. Entity Name MEDIVISTA MEDIA, LLC	

Principal Place of Business 225 EACH PONCE DE LEON AVE. SUITE 201 DECATUR, GA 30030	Mailing Address 225 EACH PONCE DE LEON AVE. SUITE 201 DECATUR, GA 30030
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2. Principal Place of Business - No P.O. Box # 1100 SPRING ST NW	3. Mailing Address 1100 SPRING ST NW
Suite, Apt. #, etc. SUITE 750	Suite, Apt. #, etc. SUITE 750
City & State ATLANTA GA	City & State ATLANTA GA
Zip 30309 Country USA	Zip 30309 Country USA

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 20-8439708

Applied For
Not Applicable

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

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 FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, ROBERT 225 EACH PONCE DE LEON AVE. DECATUR, GA 30030 <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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert J. Davis **Robert J. Davis** 4/23/08 704-877-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #