



**SEC** 1972 (6-

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid

02) OMB control number.

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## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response... 1

FORM D

ÁUG 08 2005 MOMSON FINANCIAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix			Serial	
DAT	E R	ECEI	VED	

Name of Offering ([] check if this is an amendment and name has changed, and indicate char	nge.)
InSite MediaCom, LLC – Offering of Class H Units	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(	6) []ULOE
Type of Filing: [ ] New Filing [ X ] Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate changed MediaCom, LLC	ge.) <u>InSite</u>

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Number (Including Area Code)  (if different from Executive Offices) Same as Executive Office					
Brief Description of Busine communications towers.	ss: Acquire, develop and operate outdoor advertising billboards and				
Type of Business Organiza	tion				
[ ] corporation	[ ] limited partnership, already formed [X] other (please specify)	:			
[ ] business trust	[ ] limited partnership, to be formed limited liability company				
	Month Year	******			
Actual or Estimated Date of	f Incorporation or Organization: [ 0 ] 4 ] [ 0 ] 1 ] [ X] Actual [ ] Estimated				
Jurisdiction of Incorporation	or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [D][E]				
GENERAL INSTRUCTION	S	***************************************			

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULQE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in

accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each genera	and managing partner of partr	iersnip issuers.		
Check Box(es) that Apply:	[X] Promoter [] Beneficial Owner	[ X ] Executive Officer		eneral and/or anaging artner
Full Name (Last nam	e first, if individual) Smith, Ran	dall N.		
Business or Residen Beverly Hills, CA. 90	ce Address (Number and Stree 0210	t, City, State, Zip Co	de): 1317 Beverly Es	tate Drive,
Check Box(es) that Apply:	[X] Promoter [] Beneficial Owner	[ X ] Executive Officer		eneral and/or anaging artner
Full Name (Last nam	e first, if individual) Friend, Mar	lyn		
Business or Residen Beverly Hills, CA. 90	ce Address (Number and Stree 0210	t, City, State, Zip Co	de): 1317 Beverly Es	tate Drive,
Check Box(es) that Apply:	[ ] Promoter [ X ] Beneficial Owner	[ X ] Executive Officer		eneral and/or lanaging artner
Full Name (Last nam	e first, if individual) Flutie, Gler	nn A.		***************************************
Business or Residen Plantation, FL. 3331	ce Address (Number and Stree 7	t, City, State, Zip Co	de): 5330 SW 14 <sup>th</sup> Str	eet,
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ X] Executive Officer		eneral and/or anaging artner
Full Name (Last nam	ne first, if individual) Sivertsen,	B. Eric		
Business or Resider Washington, D.C. 2	ce Address (Number and Stree	t, City, State, Zip Co	de): 4841 Foxhall Cr	escent, N.W.,

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[] Executive Officer	[] Director [X] General a Managing Partner	
Full Name (Last nam	e first, if individual) Smith, Deni	son E.		
	ce Address (Number and Street Suite 450, Fairfax, VA. 22030	, City, State, Zip Coo	de): c/o Aims Worldwide, In	C.,
Check Box(es) that Apply:	[ ] Promoter [ X ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General a Managing Partner	
Full Name (Last name	e first, if individual) Chase, Den	wood S., Jr.		In such the first of the first
Business or Resident 300, Charlottesville, V	ce Address (Number and Street /A. 22902-9104	, City, State, Zip Coo	de): 300 Preston Avenue, Su	iite
Check Box(es) that Apply:	[ ] Promoter [ X ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General a Managing Partner	
Full Name (Last nam	e first, if individual) Roadside Mo	ediaCom, LLC		***************************************
Business or Residence Beverly Hills, CA. 90	ce Address (Number and Street 210	, City, State, Zip Cod	de): 1317 Beverly Estate Driv	ve,
(Use blan	k sheet, or copy and use addi	tional copies of thi	s sheet, as necessary.)	

1.

## **B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						s \	es ]	No [X]		
A	Answer also in A	ppendi	x, Colur	mn 2, if	filing unde	er ULOE	<b>.</b>			
2. What is the minimum investment that will be accepted from any individual?						25,0	11			
0 Daniel II - 255 d	., ,			0				1	es	No
3. Does the offering permi	it joint ownership	of a si	ngie un	it?				1	X ]	[ ]
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										
Full Name (Last name firs	st, if individual)	Berthel	Fisher	and an extended of the same of		***************************************				
Business or Residence Actional 52302-0609	ddress (Number	and Str	eet, Cit	y, State	e, Zip Cod	e): 701	Tama	Street	, Mar	ion,
Name of Associated Broke	er or Dealer:		uni di manda di canada di manda di canada		<u>, , , , , , , , , , , , , , , , , , , </u>	**************************************			<del></del>	
States in Which Person Li	isted Has Solicite	ed or In	tends to	Solicit	Purchase	ers	AN THE RESIDENCE OF PRICE OFFICE OF SECTION ASSESSMENT			
(Check "All States" or c	check individua	1 State	s)				[	] All	Stat	es
[AL] [AK] [AZ] [A	(R] [CA] X	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[10	)]
[IL] [IN] [IA] X [K	(S] X [KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	O] X
[MT] [NE] [NV] X [N	[H] [HI	[MM]	[NY]	[NC]	[ND] X	[OH]	[OK]	[OR]	[P	A]
[RI] [SC] [SD] [TI	N] [TX] X	[UT]	[VT]	[VA]	[WA]	[WV]	[[[	[WY]	[P	R]
(Use blank she	eet, or copy and	i use a	ddition	al copi	es of this	sheet,	as nec	essar	y.)	

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the obelow the amounts of the securities offered for exchange and already exchanged.	e	
	Aggregat	e
	Offering	
Type of Security	Price	
DebtEquity (Class H LLC Membership Unit)	\$0 \$10 500 0	\$0 00 \$891,208.50
[ X ] Common [ ] Preferred	Ψ10,000,0	ου ψου 1,200.00
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$0
Other (Specify).	\$0	<b>\$</b> 0
Total	\$10,500,0	00 \$891,208.50
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
i	Number	Dollar Amount
	Investors	of Purchases
Accredited Investors	27	\$891,208.50
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	N/A	\$ N/A
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	N/A	
The state of affection	Type of Security	Dollar Amount
Type of offering Rule 505	•	Sold \$
Regulation A		\$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[] \$0
Printing and Engraving Costs	[x] \$5,000
Legal Fees	[ X ]\$13,500
Accounting Fees	[ X ]\$10,000
Engineering Fees	[] \$0
Sales Commissions (specify finders' fees separately)	[] \$62,384.60
Other Expenses (identify) (Due Diligence Fee)	[ ] \$8,912.09
Total	[X ] \$99,796.69
· · · · · · · · · · · · · · · · · · ·	(

b. Enter the difference between the aggregate offering price given in response to Part C -Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." .....

\$791,411.81

Payments

[X]\$791,411.81

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers,	
	Directors,	Payments
	&	То
	Affiliates	Others
Salaries and fees	[] \$0	[]\$0
Purchase of real estate	[] \$0	[]\$0
Purchase, rental or leasing and installation of machinery and equipment	[]\$0	[]\$0
Construction or leasing of plant buildings and facilities	[] \$0	[]\$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$0	[]\$0
Repayment of indebtedness	[]\$	[]\$0
Working capital	[]\$0	[X ] \$791,411.81
Other (specify):	[]\$0	[]\$0
	[]\$0	[]\$0
Column Totals	[]\$0	[X ] \$791,411.81
Total Payments Listed (column totals added)	1 X 1 \$.	791.411.81

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
InSite MediaCom, LLC	In & Julia	7/15/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Randall N. Smith	Chairman & CEO	

ATTENTION	
Intentional misstatements or omissions of fact constitute federal criminal violations	. (See 18
U.S.C. 1001.)	

E. STATE SIGNATURE	And the second s
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No [ ] [X]"
See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state	in which this

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
InSite MediaCom, LLC	& Expille	7/15/05
Name of Signer (Print or Type)	Title (Print or Type)	
Randall N. Smith	Chairman & CEO	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

1	Intend to sell to non-accredited investors in State (Part B-Item 1)  3  Type of security and aggregate offering price offered in state (Part C-Item 1)								
			Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ				1					
AR									
СА		X	Class H LLC Units/ \$25,011	1	\$25,011	0			X
СО	· · · · · · · · · · · · · · · · · · ·			'					
CT									
DE									
DC					francosconden er entre francoscon (PA MEN Nacosconde for Er et Affilia)				
FL						**************************************			
GA									
НІ									
ID	Carrier Walter Control of the State of Soft and the				**************************************				
IL									
IN									
IA		X	Class H LLC Units/ \$161,784	5	\$161,784	0			X
KS		X	Class H LLC Units/ \$274,302	8	\$274,302	0			X
KY									
LA				-					
ME									
MD									
MA									
МІ									

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MN							
MS							
МО	X	Class H LLC Units/ \$175,077	7	\$175,077	0		X
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NE		and the state of t	en en proposition de la companya de la companya de la companya de la companya de la companya de la companya de				
NV	X	Class H LLC Units/ \$50,001	1	\$50,001	0		X
NH	İ		and the second s				
NJ							
NM	ĺ						
NY			1			İ	
NC							
ND	X	Class H LLC Units/ \$155,011.50	3	\$155,011.50	0		X
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TX	X	Class H LLC Units/ \$50,022	2	\$50,022	0		X
UT						İ	
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VA			-				
WA	ĺ						
WV	<u> </u>					i	
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