1378813

FORM D



this notice and must be completed.

SEC 1972 (5-05)

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

FORM D

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

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OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response. 16.00

SEC USE ONLY							
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Name of Offering (
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing: New Filing	RECEIVED
A. BASIC IDENTIFICATION DATA	2007
1. Enter the information requested about the issuer	SEP 7 6 5001
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
EATS Media, LLC	200
Address of Executive Offices (Number and Street, City, State, Zip Code) 636 Broadway, Suite 300 - New York, NY 10012	Telephone Number (Including Area Code) 212.229.6801
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
Local restaurant information resource	OCT 0 1-2007
	olease specify): d Liability Company THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b 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. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support 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 (ULOE) for state and that have adopted this form. Issuers relying on ULOE must file a separate notice with the State of the separate notice of the separate notice with the State of the separate notice with the State of the separate notice of the separate notice with the State of the separate notice with the State of the separate notice	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall

-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 unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 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 general and managing partner of partnership issuers. Check Box(es) that Annly: Promoter Reneficial Owner Executive Officer Director General and/or

eneek bek(es) that rippiy.						2		2		Managing Partner
Full Name (Last name first,	if indi	vidual)								
Ariel, Joseph										
Business or Residence Addre	ss (Number and	Street	l, City, State, Zip Co	de)					
636 Broadway, Suite 300 -	New	York, NY 1	0012							
Check Box(es) that Apply:	X	Promoter	X	Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)		 						==
Beckmann, Derek										
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	de)					
636 Broadway, Suite 300 -	New	York, NY 1	0012							
Check Box(es) that Apply:		Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)								
N-Vision Media Corporation	n									
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	de)				•	
166 East 34th Street, #19B	- Nev	v York, NY	1001	5						
Check Box(es) that Apply:		Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	f indi	vidual)								
Quarterdeck Group Investr	nent T	`rust								
Business or Residence Addre			Street	t, City, State, Zip Co	de)					
660 Steamboat Road, 2nd I	Floor -	Greenwich	, CT (06830						
Check Box(es) that Apply:		Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)								
Pawlowski, Paul										
Business or Residence Addre	255 (Number and	Street	, City, State, Zip Co	de)					
P.O. Box 814 - Cutchogue,	NY I	1935								
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)								
Castelli, Julian										
Business or Residence Addre	ess (Number and	Street	, City, State, Zip Co	de)					·
636 Broadway, Suite 300 -	New '	York, NY 1	0012							
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)								
Gershman, Jonathan										
Business or Residence Addre	:3S (Number and	Street	, City, State, Zip Co	de)					
319 E.53rd Street, #5F - No	w Yo	rk, NY 1002	22							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA 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 general and managing partner of partnership issuers. Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Sheehy, Matthew Business or Residence Address (Number and Street, City, State, Zip Code) 660 Steamboat Road, 2nd Floor - Greenwich, CT 06830 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 636 Broadway, Suite 300 - New York, NY 10012 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner General and/or Promoter Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG					
1	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No 🛣			
1.	1145 1115	1990CI SUIU	, or uves ii			n, to non-a Appendix					***************************************	L		
2.										\$ N/A				
										Yes	No			
3.									X					
4.	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.													
Ful	l Name (Last name	first, if indi	vidual)			•							
Bus	siness or	Residence	Address (N	umber and	d Street, C	ity, State, Z	Cip Code)							
Nar	ne of Ass	sociated Br	oker or Dea	aler							·			
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	" or check	individual	States)							□ Al	l States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ÎD	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT)	NE SC	(NV (SD)	NH) [TN]	NI TX	NM UT	NY VT	NC VA	ND WA	ЮH] WV]	OK WI	OR WY	PA PR	
Ful	l Name (Last name	first, if indi	ividual)										
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)							
Nar	ne of Ass	sociated Br	oker or Dea	aler		<u>-</u>						•	· · · · · ·	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	" or check	individual	States)						•••••	☐ All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV		OR WY	PA PR	
Ful			first, if indi											
_	•			, ,	10	r. n	7: (1.)				.			
Bus	iness or	Residence	Address (N	vumber an	d Street, C	ity, State,	Zip Code)							
Nar	ne of Ass	sociated Br	oker or Dea	aler							,			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)								All States						
	AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL MT	IN NE	[JA [NV]	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH		MS OR	MO PA	
	RI	SC		TN	TX	UT	VT	VA	WA	\overline{WV}		WY	PR	

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

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ggregate ering Price	Ar	nount Already Sold
	Debt	S	0.00	s	0.00
	Equity		449,982.75	\$	449,982.75
	Common Preferred				
	Convertible Securities (including warrants)	S	0.00	\$	0.00
	Partnership Interests			s	
	Other (Specify)			s	0.00
	Total			S	449,982.75
	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."	N Is	lumber nvestors		Aggregate Pollar Amount of Purchases
	Accredited Investors			s _	449,982.75
	Non-accredited Investors	0	<u>-</u>	\$_	0.00
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				
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, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering		ype of ecurity	D	ollar Amount Sold
	Rule 505		 	S _	
	Regulation A			S _	
	Rule 504			s _	
	Total			s _	
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 insurer. 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			s _	
	Printing and Engraving Costs			s	
	Legal Fees		K	s	13,000.00
	Accounting Fees			s	
	Engineering Fees	•••••	🗖	_	
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify)		_		
	Total		_		

CE, NUMBER OF INVESTORS, EXPENSES A	AND USE OF PROCEEDS	
Part C - Question 4.a. This difference is the "	adjusted gross	\$ 436,982.75
unt for any purpose is not known, furnish an he total of the payments listed must equal the	estimate and	
	Officers,	
		_ 🗆 \$
		s
on of machinery	ss	🗆 🖺 \$
s and facilities		_ [] s
r the assets or securities of another	r •	□ \$
	-	_
		_
	🗖 \$	s
	ss	436,982.75
ded)	\$ <u>4</u>	36,982.75
D. FEDERAL SIGNATURE		
uer to furnish to the U.S. Securities and Exch	ange Commission, upon writ	
Signature	Date	
	September 25, 2	007
Title of Signer (Print or Type)	' ,,,	
Chief Executive Office and Assista	ant Secretary	
	gate offering price given in response to Part C Part C — Question 4.a. This difference is the " I gross proceed to the issuer used or proposed ant for any purpose is not known, furnish an he total of the payments listed must equal the see to Part C — Question 4.b above. On of machinery s and facilities on the assets or securities involved in this or the assets or securities of another ded) D. FEDERAL SIGNATURE med by the undersigned duly authorized person are to furnish to the U.S. Securities and Exchange of the payment	Payments to Officers, Directors, & Affiliates S

- ATTENTION -

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

