## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000014802

Name:

Address:

City-St-Zip:

26TH ST

NEW YORK, NY 10019

Entity Name: CREATIVE CONTENT MANAGEMENT, LLC

FILED Mar 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 104 SHORE DR LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 104 SHORE DR LONGWOOD, FL 32779 FEI Number: 59-3684347 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YORK, JOHN BORTON, NINA 104 SHORE DR. 104 SHORE DR. LONGWOOD, FL 32779 LONGWOOD, FL 32779 US US 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: NINA BORTON 03/02/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BRODIE, AL Name: Name: Address: 17050 ELDERBERRY DR Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: BRODIE, DAVID Name: Address: 808 BAMBI AVE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition YORK, JOHN Name: BORTON, NINA Name: Address: 104 SHORE DR Address: 104 SHORE DR City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779 Title: MGRM ( ) Delete Title: () Change () Addition CITKOVIC, JAMES

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID BRODIE