2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 07, 2006 8:00 am
Secretary of State
02-07-2006 90074 025 ****50.00

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1. Entity Name
MONIKER ONLINE SERVICES, LLC

Principal Place of Business	Mailing Address
ATTN: MONTE CAHN 20 S.W. 27TH AVENUE, SUITE 201 POMPANO BEACH, FL 33069	ATTN: JOEL MAGOLNICK 1111 BRICKELL AVE., SUITE 2050 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
	Attn: Monte Cahn
Suite, Apt. #, etc.	Suite, Apt. #, etc. 20 S.W. 27th AVE, STE 201
City & State	City & State Pompano Beach, FL
Zip / Country	Zip 33069 / Country USA

01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1641533 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROSS, WILLIAM J ESQ. C/O TRIPP SCOTT, P.A. 110 S.E. 6TH STREET, 15TH FLOOR FT. LAUDERDALE, FL 33301	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMAINSYSTEMS, INC. 20 S.W. 27TH AVENUE, SUITE 201 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/24/06 9549848445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #