2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L04000076999

Entity Name: POP FACTORY LLC

Current Principal Place of Business:

3500 MYSTIC POINTE DRIVE SUITE 2405
AVENTURA, FL 33180 US

New Principal Place of Business:

420 LINCOLN ROAD SUITE 221
MIAMI BEACH, FL 33139 US

Current Mailing Address:

3500 MYSTIC POINTE DRIVE SUITE 2405
AVENTURA, FL 33180 US

New Mailing Address:

420 LINCOLN ROAD SUITE 221
MIAMI BEACH, FL 33139 US

FEI Number: 20-1836158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SONNENSCHEIN, GAIL
Address: 18101 COLLINS AVE. #802
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR ( ) Delete
Name: SONNENSCHEIN, HOWARD
Address: 2001 MERIDIAN AVE. SUITE PH16
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SONNENSCHEIN, GAIL
Address: 3500 MYSTIC POINTE DR. #2405
City-St-Zip: AVENTURA, FL 33180 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: GAIL SONNENSCHEIN MGR 01/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date