2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 30, 2004 8:00 am Secretary of State

1. Entity Nam	MENT; # M03000000 MARSTELLER, LLC)785			07-30-20	04 90132 027 ***	**50.00	
Principal Place of Business 230 PARK AVENUE SOUTH NEW YORK, NY 10003		Mailing Address 230 PARK AVENUE SOUTH NEW YORK, NY 10003			14027197			
2. Principal Place of Business		3. Mailing Address Go WPP, 125 Pork Ave.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07192004	Chg-LLC	CR2E083 (10/03)		
City & Stat	е	City & State New York, NY		4. FEI Numbe	er -		pplied For ot Applicable	
Zip	Country	Zip 10017-5529	Country	5. Certificate	of Status Desired	S5.00 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	legistered Agent		
	# 1 050 MOSO INC.		Name					
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508		Street Add	dress (P.O. Box Number	er is Not Acceptable	a)			
MIAMI, FL	33150			·				
			City	 -		FL Zip Coo	de	
8. The above	named entity submits this statement for	r the purpose of changing its r	egistered office or re	registered agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE	ions of registered agent. Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signaturé	e required when reinstating)		DATE		
SIGNATURE		and title if applicable (NOTE:	Registered Agent signature	e required when reinstating)		DATE se check payable to a Department of Stat		
SIGNATURE	Signature, typed or printed name of registered agent a		Registered Agent signature	e required when reinstating)		se check payable to a Department of Stat	te	
SIGNATURE FII Due I 9. TITLE	Signature, typed or printed name of registered agent a ling Fee is \$50.00 sy September 8, 2004 MANAGING MEMBER MGR		10. TITLE	e required when reinstating)	Florida	se check payable to a Department of Stat	Addition	
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SIGNATURE Fil Due I 9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a ling Fee is \$50.00 sy September 8, 2004 MANAGING MEMBER MGR BURCHETT, CHETT 230 PARK AVENUE SOUTH	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	e required when reinstating)	Florida	e check payable to a Department of Stat /CHANGES	<u>.</u>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	Thomas	0	meine .
SIGNATURE:	/////	<u> </u>	ALEDEMEN D-

Thomas O. Neuman, Mgr.

212-632-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE