

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103812

Entity Name: DREAMSTIME.COM, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

586 STRAWBERRY HILL ROAD
CENTERVILLE, MA 02632

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 682144
FRANKLIN, TN 37068

New Mailing Address:

FEI Number: 56-2541983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYN, MARK J ESQ.
C/O BRYN & ASSOCIATES, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 2680
MIAMI, FL 33131 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: MGRM () Delete
Name: JONES, JEFF
Address: 586 STRAWBERRY HILL ROAD
City-St-Zip: CENTERVILLE, MA 02632

Title: MGRM () Delete
Name: MIHAI, JIANU DRAGOS
Address: BD, IULIU MANIU NR. 17, BL.21P,AP173,SEC.6
City-St-Zip: BUCHAREST, ROMANIA, XX

Title: MGRM () Delete
Name: SERBAN, ENACHE MIHAI
Address: STR. CEAIRULUI NR.13, BL.M2, AP.62, SEC.3
City-St-Zip: BUCHAREST, ROMANIA, XX

ADDITIONS/CHANGES:

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

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

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

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.

SIGNATURE: JEFF JONES

MGRM

04/28/2006

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