2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L07000090424

Entity Name: RES INTERACTIVE, LLC

Current Principal Place of Business:

4800 BEACH BOULEVARD
SUITE 10
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4800 BEACH BOULEVARD
SUITE 10
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 26-1160080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, JASON K
1616 JORK ROAD
SUITE 402
JACKSONVILLE, FL 32207 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:	PECCI, LOUIS J	
Address:	4800 BEACH BOULEVARD, SUITE 10	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	(X) Delete
Name:	PECCI, ALEX R	
Address:	4800 BEACH BOULEVARD, SUITE 10	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	(X) Delete
Name:	BERGER, LAWRENCE S	
Address:	4800 BEACH BOULEVARD, SUITE 10	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	(X) Delete
Name:	MCCORKLE, MARK	
Address:	4800 BEACH BOULEVARD, SUITE 10	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	(X) Delete
Name:	MCKINLEY, JOHN	
Address:	4800 BEACH BOULEVARD, SUITE 10	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MGRM	(X) Delete
Name:	PORTER, JASON K	
Address:	1616 JORK ROAD, SUITE 402	
City-St-Zip:	JACKSONVILLE, FL 32207	

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:	
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 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: JASON K.S. PORTER, ESQ. RA 04/27/2009

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