

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041941

FILED
Jan 06, 2010
Secretary of State

Entity Name: THOMSON IMAGING SERVICES, LLC

Current Principal Place of Business:

D.B.A TIS VENTURES
2909 NW 82ND AVENUE
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

C/O NOVAGRAPHICS CORP
2909 NW 82ND AVENUE
MIAMI, FL 33122 US

New Mailing Address:

D.B.A TIS VENTURES
2909 NW 82ND AVENUE
MIAMI, FL 33122 US

FEI Number: 33-1095019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 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: DIR
Name: STINSON, LOUIS JR.
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DIR
Name: HELLMUND, CARLOS E SR
Address: APARTADO 589
City-St-Zip: CARACAS, VENEZUELA, VE 1010-A VE

Title: VP
Name: HELLMUND, RICARDO
Address: 2909 NW 82ND AVENUE
City-St-Zip: MIAMI, FL 33122 US

Title: PRES
Name: HELLMUND, CARLOS JR
Address: 2909 NW 82ND AVENUE
City-St-Zip: MIAMI, FL 33122 US

Title: DIR
Name: SILEN, HECTOR
Address: 2909 NW 82ND AVENUE
City-St-Zip: MIAMI, FL 33122 US

Title: DIR
Name: HELLMUND, ELISA C MS.
Address: APARTADO 589
City-St-Zip: CARACAS, VENEZUELA, VE 1010-A VE

I hereby 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: RICARDO HELLMUND

VP

01/06/2010

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