

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002241

FILED
Apr 29, 2009
Secretary of State

Entity Name: NATIONAL CONTENT LIQUIDATORS, INC.

Current Principal Place of Business:

825 W. CENTRAL AVENUE
SPRINGBORO, OH 45066

New Principal Place of Business:

80 W CENTRAL AVE, STE 2
SPRINGBORO, OH 45066

Current Mailing Address:

825 W. CENTRAL AVENUE
SPRINGBORO, OH 45066

New Mailing Address:

80 W CENTRAL AVE, STE 2
SPRINGBORO, OH 45066

FEI Number: 31-1779462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LUNSFORD, MICHAEL G
Address: 825 W. CENTRAL AVENUE
City-St-Zip: SPRINGBORO, OH 45066

Title: S () Delete
Name: LUNSFORD, MICHAEL G
Address: 825 W. CENTRAL AVENUE
City-St-Zip: SPRINGBORO, OH 45066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LUNSFORD, MICHAEL G
Address: 80 W CENTRAL AVE, STE 2
City-St-Zip: SPRINGBORO, OH 45066

Title: S (X) Change () Addition
Name: LUNSFORD, MICHAEL G
Address: 80 W CENTRAL AVE, STE 2
City-St-Zip: SPRINGBORO, OH 45066 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL G. LUNSFORD

PTD

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date