

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90055 011 ***150.00

DOCUMENT # F03000004964

1. Entity Name
SOURCE INTERLINK INTERNATIONAL, INC.



Principal Place of Business Mailing Address
27500 RIVERVIEW CENTER BLVD., STE. 400 **27500 RIVERVIEW CENTER BLVD., STE. 400**
BONITA SPRINGS, FL 34134 **BONITA SPRINGS, FL 34134**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01162008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-0251428 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	BATES, DOUGLAS J	
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD., STE. 400	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	FLEGEL, JASON S	
STREET ADDRESS	27500 RIVERVIEW CTR BLVD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	BODE, JOHN	
STREET ADDRESS	27500 RIVERVIEW CTR BLVD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. GILLIS	
STREET ADDRESS	27500 RIVERVIEW CTR. BLVD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DIRECTOR, VP, ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC FIERMAN	
STREET ADDRESS	27500 RIVERVIEW CTR. BLVD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK V. PERRY	
STREET ADDRESS	27500 RIVERVIEW CTR. BLVD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doug Bates* 1/23/08 (239) 949-4450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #