

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001766

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** OPTION TECHNOLOGIES INTERACTIVE, L.L.C.

**Current Principal Place of Business:**

4399 36TH STREET S.W.  
ORLANDO, FL 32811

**New Principal Place of Business:**

4399 36TH STREET  
ORLANDO, FL 32811

**Current Mailing Address:**

4399 36TH STREET S.W.  
ORLANDO, FL 32811

**New Mailing Address:**

4399 36TH STREET  
ORLANDO, FL 32811

**FEI Number:** 59-3625492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FITE, MARK A  
4399 36TH STREET S.W.  
ORLANDO, FL 32811 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: FITE, MARK A  
Address: 7927 HORSE FERRY ROAD  
City-St-Zip: ORLANDO, FL 34761

Title: MGRM ( ) Delete  
Name: ROBERT, CUDDIHY  
Address: 555 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: ROBERT, CUDDIHY  
Address: 415 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022 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 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: MARK A. FITE

MGR

04/24/2009

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