

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007744

FILED
Feb 17, 2004
Secretary of State

Entity Name: RESPONSE EDGE MARKETING GROUP, LLC

Current Principal Place of Business:

10400 N.W. 33RD STREET, SUITE 270
MIAMI, FL 33172

New Principal Place of Business:

10400 N.W. 33RD STREET
SUITE 270
MIAMI, FL 33172

Current Mailing Address:

10400 N.W. 33RD STREET, SUITE 270
MIAMI, FL 33172

New Mailing Address:

10400 N.W. 33RD STREET, SUITE 270
SUITE 270
MIAMI, FL 33172

FEI Number: 01-0565335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, WILLIAM C JR.
1390 BRICKELL AVE., SUITE 280
MIAMI, FL 33131 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/MEMBERS:

Title: MGR () Delete
Name: SILVA, ANA PAULA
Address: 10400 N.W. 33RD STREET, SUITE 270
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Delete
Name: WANCIER, SALOMON
Address: 1400 WEEPING WILLOW WAY
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SILVA, ANA PAULA
Address: 10400 NW 33RD STREET SUITE 270
City-St-Zip: MIAMI, FL 33172

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANA PAULA SILVA

MS

02/17/2004

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