•2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 31, 2004 8:00 am Secretary of State

DOCUMENT # L0100008772 1. Entity Name KLIXXX PUBLISHING, L.L.C.						03-31-2004 90345 036 ****50.00				
Cringinal Plan	a of Business	Mailing Address		_				₩7		~ ~
Principal Plac 2320 N.E. 9 FT. LAUDERD		2320 N.E. 9TH STREET FT. LAUDERDALE, FL 33304					_	·		
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03252004	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State				4. FEI Numb 65-110				oplied For ot Applicable
Zip	Country Zip		Coun	Country		-	of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New R	egistered A	gent	
			Name							
C/O BECK	IICHARD J.A. ÏER & POLIAKOFF, P.A. E LAGOON DRIVE, SUITE 100	Street Ac		ddress (F	s (P.O. Box Number is Not Acceptable)					
	33126-2065									
 				City			······································	FL	Zip Cod	le
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registere	ed office or	r registere	ed agent, or bo	th, in the State of Flo	orida. I am f	amiliar with,	and accept
ŞIĞNATURE .	Signature, typed or printed name of registered agent a	nd title if annicable (NC	TE: Begistera	d Agent singst	Dre remiked	when reinstating)		DATE		
	organization, types or printed name or regions on agents a	ing time is obbinoone. (140	rica i logistoro	o . igo.ii agiiai						
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D	MANAGING MEMBER	RS/MANAGERS	10. TITLE				Florida	a Departm	ent of Stat	
9. TITLE NAME	MANAGING MEMBER MGR BENNETT, JOHN		TITLE NAM	E			Florida	a Departm	ent of State	e
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR BENNETT, JOHN 2320 N.E. 9TH STREET		TITLE NAM STRE	e Et address			Florida	a Departm	ent of State	e
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indicated on this report is true and accurate and that my 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 at 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 at the same legal effect as if made under oath; that I am a managing member or manager of the

SIGNATURE:

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #