
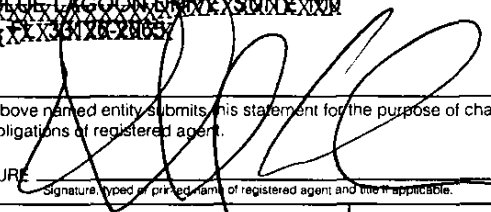
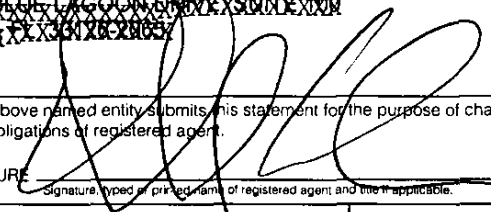
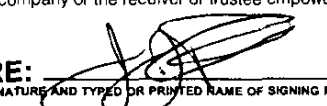


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90011 026 ****50.00

| | | | | | |
|--|--|---------------------------------|--|---|--|
| DOCUMENT # L01000008772 1. Entity Name KLIXXX PUBLISHING, L.L.C. | | | |  | |
| Principal Place of Business 101 NE 3RD AVENUE SUITE 1500 FT. LAUDERDALE, FL 33301 | | | Mailing Address 101 NE 3RD AVENUE SUITE 1500 FT. LAUDERDALE, FL 33301 | | |
| 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 | | Country | | 07132007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 65-1108639 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CAHAN, RICHARD J.A. C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI, FL 33146-0863 | | | Name Street Address (P.O. Box Number is Not Acceptable) 121 Alhambra Plaza, 10th Floor | | |
|  | | | City Coral Gables FL Zip Code 33134 | | |
| 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  | | | RICHARD J. ALAN CAHAN 7/12/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BENNETT, JOHN 2320 N.E. 9TH STREET FT. LAUDERDALE, FL 33304 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 11. 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 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| 7/19/07 954-564-3960 <small>Date Daytime Phone #</small> | | | | | |