

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013982

FILED
Apr 30, 2008
Secretary of State

Entity Name: CYBERNATION HOLDINGS, LLC

Current Principal Place of Business:

12489 NW 44TH STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

12489 NW 44TH STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1115221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARRICK, WOODWARD
2881 EAST OAKLAND PARK BLVD.
SUITE 208
FORT LAUDERDALE, FL 33306 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: PD () Delete
Name: LEE, HEADLEY
Address: 3833 SW 167TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: BOCCHINO, ERNEST
Address: 6300 DORSAY CT
City-St-Zip: DELRAY BEACH, FL 33484

Title: SD () Delete
Name: BISPOTT, CLEVE
Address: 834 NW 132ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33325

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: LEE, HEADLEY
Address: 9956 EQUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

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

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

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: ERNEST BOCCHINO

VP

04/30/2008

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