2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

May 05, 2004 08:00 AM Secretary of State **DOCUMENT # L01000020092** 1. Entity Name THE BRAND EXPERIENCE, LLC Principal Place of Business Mailing Address 1521 ALTON RD 1521 ALTON RD #8 MIAMI BEACH, FL 33702 US MIAMI BEACH, FL 33702 US 04302004 No Chg-LLC CR2E083 (10/03) Applied Far 4. FEI Number 65-1156455 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHMIDT, MARK 6527 BAYOU GRANDE BLVD N.E. SAINT PETERSBURG, FL 33702 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE Registered Agent signalure required when reinstating) Signature itypical or printed name of registered agent and title if applicable DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 05/07/04-30083-008 50.30 9. TITLE MGRM SCHMIDT, MARK NAME STREET ADDRESS 6527 BAYOU GRANDE BLVD NE CITY-ST ZIP SAINT PETERSBURG, FL 33702 MGRM TITLE BUNNELL, BETHANY NAME 6527 NAYOU GRANDE BLVD NE STREET ADDRESS CITY - ST-ZIP SAINT PETERSBURG, FL 33702 TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS this filtred does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the employment of the exemption of the employment of the exemption of 11. I hereby certify that the information supplied with indicated on this report is true and accurate and

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