


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000009525</b> 1. Entity Name <b>THE IMAGE WEAR EXPO, LLC</b>	
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Principal Place of Business <b>500 64TH ST S. SAINT PETERSBURG, FL 33707</b>	Mailing Address <b>407 GILBERT AVE CINCINNATI, OH 45202</b>
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**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>04-3653398</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>PACKER, VERNE 500 64TH ST S. SAINT PETERSBURG, FL 33707</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

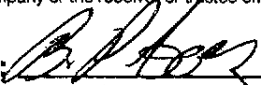
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ST. MEDIA GROUP INT'L 407 GILBERT AVE CINCINNATI, OH 45202</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D THE ALLIANCE 500 64TH ST S. SAINT PETERSBURG, FL 33707</b>
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**U00000279840  
03/29/05-80014-010 50.00**

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11. I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>03-23-05</b> <small>Date</small>	<b>513-421-2050</b> <small>Daytime Phone #</small>
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