2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L02000031773

Entity Name: NHLPIX.COM, LLC

Current Principal Place of Business:

515 E. LAS OLAS BOULEVARD
SUITE 1100
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

110 S.E. 6TH STREET
20 FL
FORT LAUDERDALE, FL 33301

Current Mailing Address:

515 E. LAS OLAS BOULEVARD
SUITE 1100
FORT LAUDERDALE, FL 33301

New Mailing Address:

110 S.E. 6TH STREET
20 FL
FORT LAUDERDALE, FL 33301

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTANIELLO, DANIEL J
515 E. LAS OLAS BOULEVARD
SUITE 1100
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

SANTANIELLO, DANIEL J
110 S.E. 6TH STREET
20TH FL
FORT LAUDERDALE, FL 33301 US

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: DANIEL J. SANTANIELLO 03/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOCKEY-PIX.COM, LLC.,
Address: 515 E. LAS OLAS BOULEVARD, #1100
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOCKEY-PIX.COM, LLC.,
Address: 110 S.E. 6TH STREET 20TH FL
City-St-Zip: FORT LAUDERDALE, FL 33301

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: PATRICK MUGNANO MGRM 03/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date