2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010298

Entity Name: MINORITY BUSINESS INFORMATION CENTER, LLC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2019 CENTRE POINTE BLVD. STE 101 TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 2019 CENTRE POINTE BLVD. STE 101 TALLAHASSEE, FL 32308 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, KEEVIN WILLIAMS, KEEVIN D 2019 CENTRE POINTE BLVD. 2019 CENTRE POINTE BLVD. STE 101 STE 101 TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 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: KEEVIN D. WILLIAMS 05/01/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: (X) Change () Addition () Delete WILLIAMS, KEEVIN NEMBHARD, MORTLAKE Name: Name: 2019 CENTRE POINTE BLVD. STE 101 Address: 2019 CENTRE POINTE BLVD., SUITE 101 Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: MGRM Title: (X) Change () Addition () Delete NEMBHARD, MORTLAKE Name: HARDIMAN-COLE, ANGELA Name: Address: 2019 CENTRE POINTE BLVD. STE 101 Address: 2019 CENTRE POINTE BLVD., SUITE 101 City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: MGR () Change (X) Addition JACKSON, DORTHEA Name: Name: 2019 CENTRE POINTE BLVD., SUITE 101 Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32308 () Change (X) Addition Title: () Delete Title: MGR LAUBSCHER, LOUIS Name: Name: 2019 CENTRE POINTE BLVD., SUITE 101 Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: () Change (X) Addition POWELL-WILLIAMS, JUANITA Name: Name: 2019 CENTRE POINTE BLVD., SUITE 101 Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32308

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: KEEVIN D. WILLIAMS MGRM 05/01/2008