2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019291

1736 ST. JOHNS BLUFF RD

JACKSONVILLE, FL 32246

Address:

City-St-Zip:

Entity Name: PREZINE, L.L.C.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1736 ST. JOHNS BLUFF RD. JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 1736 ST. JOHNS BLUFF RD. JACKSONVILLE, FL 32246 FEI Number: 51-0468817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALKER, JAMES V 228 PONTE VEDRA PARK DR., STE. 200 PONTE VEDRA BEACH, FL 32082 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/MEMBERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete P & T MAGAZINE CO.,, INC. Name: Name: Address: 1736 ST. JOHNS BLUFF RD. Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: MGR () Delete Title: () Change () Addition OVATION DESIGN, Name: Name: Address: 760 DEW DROP LANE Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGR () Delete Title: () Change () Addition NEC INNOVATIONS, Name: Name:

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

Address:

City-St-Zip:

SIGNATURE: BRIAN POND MGR 04/14/2005