

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-30-2004 90077 020 ****50.00

DOCUMENT # L03000023982	
1. Entity Name ADVERTISING SPECIALTIES INTERNATIONAL, LLC	

Principal Place of Business 620 DEER RD. CHERRY HILL NJ 08034	Mailing Address 620 DEER RD. CHERRY HILL NJ 08034
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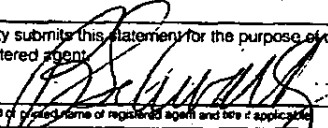
2. Principal Place of Business 300 HORSE CREEK DRIVE Suite, Apt. #, etc. 502	3. Mailing Address Suite, Apt. #, etc.
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City & State NAPLES FLORIDA	City & State
Zip 34110	Country USA

4. FEI Number 45-0521086	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

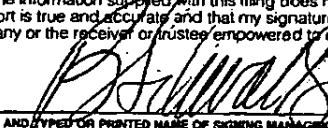
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN ST. TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name: UPS STORE Street Address (P.O. Box Number is Not Acceptable): 2338 Immokalee Road City: Naples FL Zip Code: 34110

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:  DATE: 4/14/04 (NOTE: Registered Agent signature required when reappointing)
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ELLIOT SCHWARTZ PRES. ☐ Delete PO Box 827 Cherry Hill NJ 08003	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Beatrice Schwartz ☐ Delete PO Box 827 Cherry Hill NJ 08003	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Robert Schwartz ☐ Delete 4 Dogwood Road VP MOORESTOWN, NJ 08057	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Cheryl Schwartz ☐ Delete 2020 Lapley Court VP Cherry Hill NJ 08003	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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. SIGNATURE:  DATE: 4/14/04 DAYTIME PHONE: 8567955522
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