

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024019

FILED
Jan 24, 2004
Secretary of State

Entity Name: INDEPENDENT GRAPHIC DISTRIBUTORS, LLC

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE, SUITE 1330
C/O RICHARD PALADINO
WEST PALM BEACH, FL 33401

New Principal Place of Business:

224 DATURA STREET
SUITE 814
WEST PALM BEACH, FL 33401

Current Mailing Address:

505 SOUTH FLAGLER DRIVE, SUITE 1330
C/O RICHARD PALADINO
WEST PALM BEACH, FL 33401

New Mailing Address:

224 DATURA STREET
SUITE 814
WEST PALM BEACH, FL 33401

FEI Number: 65-1196659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALADINO, RICHARD
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: KERN, ELLIS
Address: 1676 FLAGLER PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR () Delete
Name: BONIME, RICHARD
Address: 44 SANDGATE LANE
City-St-Zip: SOUTH HAMPTON, NY 11968

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ELLIS KERN

MGR

01/24/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date