2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 22, 2005 8:00 am
Secretary of State
07-22-2005 90055 002 ****50.00

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06202005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
INTERACTIVE WORLDWIDE ORLANDO-WINDERLEY, LLC

Principal Place of Business	Mailing Address
400 GALLERIA PARKWAY, SUITE 1500 ATLANTA, GA 30339	400 GALLERIA PARKWAY, SUITE 1500 ATLANTA, GA 30339

2. Principal Place of Business		3. Mailing Address	
555 Winderley Place		5555 Glenridge Connector	
Suite, Apt. #, etc.: Suite 300		Suite, Apt. #, etc.: Suite 200	
City & State: Maitland, Florida		City & State: Atlanta, Georgia	
Zip: 32751	Country: USA	Zip: 30342	Country: USA

4. FEI Number: 35-2240603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name: NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive, Suite 4 City: Westen FL Zip Code: 33331

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GYENES, ANDREW SUITE 2500, ONE DUNGAS STREET WEST TORONTO ONTARIO CANADA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrew Gyenes, Manager 5555 Glenridge Connector, Suite 200 Atlanta, GA 30342	☒ 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
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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: [signature] Deryl West 6/29/05 404 459 6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #