

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049250

Entity Name: SATZ INTERNATIONAL, LLC

FILED
Jul 23, 2008
Secretary of State

Current Principal Place of Business:

525 SEVENTH AVE., SUITE 307
NEW YORK, NY 10018

New Principal Place of Business:

205 WEST 39TH STREET FIFTH FLOOR
NEW YORK, NY 10018

Current Mailing Address:

525 SEVENTH AVE., SUITE 307
NEW YORK, NY 10018

New Mailing Address:

205 WEST 39TH STREET FIFTH FLOOR
NEW YORK, NY 10018

FEI Number: 20-1335833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

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/MANAGERS:

Title: MGRM () Delete
Name: FULLUM, TIMOTHY J
Address: 7750 BAYSIDE LANE
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: SIMON, ARNOLD
Address: 7750 BAYSIDE LANE
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: LEIBER HOLDINGS, LLC,
Address: 99 RIVER ROAD
City-St-Zip: COS COB, CT 068072514

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SIMON, ARNOLD
Address: 11 DOGWOOD DRIVE
City-St-Zip: SADDLE RIVER, NJ 07458

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

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: TIMOTHY FULLUM

MGRM

07/23/2008

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