


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000069307		
1. Entity Name MAGNUMDIRECT, LLC		

Principal Place of Business 3250 WEST COMMERCIAL BLVD. SUITE #340 OAKLAND PARK, FL 33309	Mailing Address 1666 JOHN F KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141
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2. Principal Place of Business Same	3. Mailing Address 3250 W. Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite #340
City & State Oakland Park, FL	City & State Oakland Park, FL
Zip 33309	Country USA

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2226299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RUBIO, MARCIA 1666 JOHN F KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141	
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7. Name and Address of New Registered Agent Name: JEREMY SNAPP Street Address (P.O. Box Number is Not Acceptable) 3250 W. Commercial Blvd. #340 Oakland Park FL Zip Code 33309	
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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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGNUM ENTERPRISES, INC. 1666 JOHN F KENNEDY CAUSEWAY, #606 NORTH BAY VILLAGE, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scott Slota 3250 W. Commercial Blvd. #340 Oakland Park, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLOTA, SCOTT 1666 JOHN F KENNEDY CAUSEWAY, #606 NORTH BAY VILLAGE, FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054091132 05/09/05--01001--010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition **1175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SMV

4/27/05

954.484.2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #