


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90103 020 ***138.75

DOCUMENT # L05000011971	
1. Entity Name CREATIVE VISION PUBLISHING, LLC	

Principal Place of Business 100 VILLAGE SQUARE CROSSING 103 PALM BEACH GARDENS, FL 33410	Mailing Address 100 VILLAGE SQUARE CROSSING 103 PALM BEACH GARDENS, FL 33410
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50003041

2. Principal Place of Business - No P.O. Box # 11309 E TEACH RD	3. Mailing Address PO Box 32727
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04092008 Chg-LLC CR2E083 (12/06)

City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
Zip 33410	Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, STE. 1100 WEST PALM BEACH, FL 33401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME KRANE, JONATHAN D		NAME 7944 WOODROW WILSON DRIVE	
STREET ADDRESS 100 VILLAGE SQUARE CROSSING, #103		STREET ADDRESS LOS ANGELES, CA 90046	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP LOS ANGELES, CA 90046	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME DUBOIS, ANNE M		NAME 11309 E TEACH RD	
STREET ADDRESS 100 VILLAGE SQUARE CROSSING, #103		STREET ADDRESS PALM BEACH GARDENS, FL 33410	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **ANNE M. DuBois** **ANNE M. DuBois** **4-11-08** **561-656-2421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #