2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90254 033 ****55.00

DOCUMENT # L05000028544

1. Entity Name
B.I.S. INTERNATIONAL MANAGEMENT LLC

Principal Place of Business	Mailing Address
62 PELICAN CIRCLE #202 STATEN ISLAND NY 10306 US	62 PELICAN CIRCLE #202 STATEN ISLAND NY 10306 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
248 Kensington Ave	248 Kensington Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Staten Island, NY	City & State: Staten Island, NY
Zip: 10305 / Country: USA	Zip: 10305 / Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number 20-2546285 — 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
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARIBAN WILLIAM 62 PELICAN CIRCLE STATEN ISLAND NY 10306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William [redacted] BARIBAN, 248 Kensington Ave Staten Island, NY 10305 ☒ Change ☐ Addition last name N not M
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRLINSKY, DMITRIY 62 PELICAN CIRCLE STATEN ISLAND NY 10306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRLINSKY, DMITRIY 545 Neptune Ave apt 12E BROOKLYN, NY 11224 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIROTA, ARTUR 2630 FORD STREET BROOKLYN NY 11235 ☐ 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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William Bariban 3/25/07 (646) 400-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #