
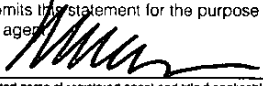
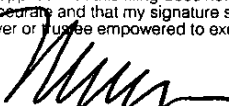


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90027 009 \*\*\*138.75

<b>DOCUMENT # L05000040522</b> 1. Entity Name <b>BRANDED PROMOTIONS, LLC</b>					
Principal Place of Business <b>2852 - 20TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33713 US</b>			Mailing Address <b>PO BOX 48668</b> <b>ST. PETERSBURG, FL 33743 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-2735729</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DOLAN, MARK R ESQ</b> <b>412 EAST MADISON STREET</b> <b>SUITE 1000</b> <b>TAMPA, FL 33602</b>			Name <b>DOLAN, MARK R. ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1277 BAYSHORE BLVD</b> City <b>DUNEDIN</b> <b>FL</b> Zip Code <b>34698</b>		
8. The above named entity submits the 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 		<b>MARK R. DOLAN</b>		<b>4/29/08</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MARSILARCIC, DAVID G</b> <b>2852 20TH AVE N</b> <b>SAINT PETERSBURG, FL 33743</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MARSHLACK, DAVID G.</b> <b>2852 20TH AVE NORTH</b> <b>SAINT PETERSBURG FL 33713</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HARAMANIC, CHARLES B</b> <b>2852 20TH AVE N</b> <b>SAINT PETERSBURG, FL 33743</b>	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DOLAN, MARK R</b> <b>2852 20TH AVE N</b> <b>SAINT PETERSBURG, FL 33743</b>	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DOLAN, MARK R.</b> <b>1277 BAYSHORE BLVD</b> <b>DUNEDIN FL 34698</b>	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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: 		<b>MARK R. DOLAN</b>		<b>4/29/08</b>	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # <b>727-433-0011</b>	