2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# L05000075164

Entity Name: AIRPLAY AMERICA, LLC.

Current Principal Place of Business:

6103 C DURHAM DRIVE
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

6103 C DURHAM DRIVE
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 20-1387843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTAGINE, ROBERT J
6103 C DURHAM DRIVE
LAKE WORTH, FL 33467 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: RATNER, NORMAN B
Address: 917 BUCIDA ROAD, #4
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM ( ) Delete
Name: CARTAGINE, ROBERT J
Address: 6103 C DURHAM DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM (X) Delete
Name: MASTANDREA, STEVEN
Address: 301 EAST 47TH STREET, #2P
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GERARD, EMANUEL
Address: 1 EAST END AVENUE
City-St-Zip: NEW YORK, NY 10022

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

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: ROBERT J. CARTAGINE MGRM 04/04/2008

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