## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092728

Entity Name: AS SEEN ON TV & MORE, LLC

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 3319 300 MARY ESTHER BLVD. #16 SARASOTA, FL 34230 MARY ESTHER, FL 32569

Current Mailing Address: New Mailing Address:

P.O. BOX 3319 4 SHADY LANE

SARASOTA, FL 34230 MARY ESTHER, FL 32569

FEI Number: 20-3510301 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, NORMAN MOORE, NORMAN 4 SHADEY LANE 4 SHADY LANE

MARY ESTHER, FL 32569 US MARY ESTHER, FL 32569 US

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: NORMAN MOORE 04/24/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 MOORE, NORMAN
 Name:
 MOORE, NORMAN

 Address:
 P.O. BOX 3319
 Address:
 4 SHADY LANE

 City-St-Zip:
 SARASOTA, FL 34230
 City-St-Zip:
 MARY ESTHER, FL 32569

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: MOORE, JOÀN Name: MOORE, JOÀN Address: P.O. BOX 3319 Address: 4 SHADY LANE

City-St-Zip: SARASOTA, FL 34230 S14230 SARASOTA, FL 34230 City-St-Zip: MARY ESTHER, FL 32569

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: FALLON, JOSH Name: FALLON, JOSH

 Address:
 P.O. BOX 3319
 Address:
 4 SHADY LANE

 City-St-Zip:
 SARASOTA, FL 34230
 City-St-Zip:
 MARY ESTHER, FL 32569

DILY-SI-ZIP. SARASOTA, FL 34230 CILY-SI-ZIP. WART ESTITER, FL 32308

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 FALLON, TRINA
 Name:
 FALLON, TRINA

 Address:
 P.O. BOX 3319
 Address:
 4 SHADY LANE

City-St-Zip: SARASOTA, FL 34230 City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the 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: JOAN MOORE MGR 04/24/2006