

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092728

FILED
Jan 20, 2009
Secretary of State

Entity Name: AS SEEN ON TV & MORE, LLC

Current Principal Place of Business:

300 MARY ESTHER BLVD. #16
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

4 SHADY LANE
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 20-3510301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, NORMAN
4 SHADY LANE
MARY ESTHER, FL 32569 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: MGR () Delete
Name: MOORE, NORMAN
Address: 4 SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: MGR () Delete
Name: MOORE, JOAN
Address: 4 SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: MGR () Delete
Name: FALLON, JOSH
Address: 4 SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: MGR () Delete
Name: FALLON, TRINA
Address: 4 SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES:

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

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

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: NORMAN MOORE

MGR

01/20/2009

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