

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123341

FILED
Apr 10, 2008
Secretary of State

Entity Name: AXIOM WORLDWIDE, L.L.C.

Current Principal Place of Business:

9423 CORPORATE LAKE DRIVE
TAMPA, FL 33634

New Principal Place of Business:

9423 CORPORATE LAKE DRIVE
TAMPA, FL 33634 US

Current Mailing Address:

9423 CORPORATE LAKE DRIVE
TAMPA, FL 33634

New Mailing Address:

9423 CORPORATE LAKE DRIVE
TAMPA, FL 33634 US

FEI Number: 20-4037702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MGMR () Delete
Name: GIBSON, JAMES J
Address: 9423 CORPORATE LAKE DRIVE
City-St-Zip: TAMPA, FL 33634

Title: MGMR () Delete
Name: EXARHOS, NICHOLAS J
Address: 9423 CORPORATE LAKE DRIVE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: GIBSON, JAMES J
Address: 9423 CORPORATE LAKE DRIVE
City-St-Zip: TAMPA, FL 33634 US

Title: MGMR (X) Change () Addition
Name: EXARHOS, NICHOLAS J
Address: 9423 CORPORATE LAKE DRIVE
City-St-Zip: TAMPA, FL 33634 US

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: JAMES J. GIBSON, JR.

MGMR

04/10/2008

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