2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE.

May 17, 2007 8:00 am Secretary of State **DOCUMENT # L06000006478** 04-16-2007 90351 014 ****50.00 t. Entity Name C.T. MERCHANDISING, LLC Principal Place of Business Mailing Address **კ**ეესს ~ ~ ~ 344 S.W. 14TH AVENUE 344 S.W. 14TH AVENUE FT. LAUDERDALE, FL. 33312 FT. LAUDERDALE, FL 33312 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Cha-LLC CR2E083 (12/06) Applied For City & State City & State 4, FEI Number 4107939 Not Applicable Ζiρ , Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to **Florida Department of State** MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 8. 10. MGR tin e TITLE ☐ Addition ☐ Delete ☐ Change STEIN, CHRISTOPHER NAME STREET ADDRESS **344 S.W. 14TH AVENUE** STREET ACCRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE ST . Delete DILE ☐ Change ☐ Addition STEIN, CHRISTOPHER NALE NAME STREET ADDRESS **344 S.W. 14TH AVENUE** STREET ADDRESS FT. LAUDERDALE, FL 33312 CITY-ST-ZIP C1TY-ST-70 ☐ Addition MLE Delete ☐ Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ULTE NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited liability company or the receipt or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.