

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015868

Entity Name: COM UNITY, LLC

FILED
Apr 12, 2008
Secretary of State

Current Principal Place of Business:

3514 W. ARCH STREET
SUITE 100
TAMPA, FL 33607

Current Mailing Address:

650 POYDRAS STREET
SUITE 1150
NEW ORLEANS, LA 70130

New Principal Place of Business:

650 POYDRAS STREET
SUITE 1150
NEW ORLEANS, LA 70130 US

New Mailing Address:

650 POYDRAS STREET
SUITE 1150
NEW ORLEANS, LA 70130 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, MICHAEL H
3959 VAN DYKE ROAD
SUITE 391
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

YOUAKIM, SAM
5505 WEST GRAY STREET
TAMPA, FL 33609 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: SAM YOUAKIM

04/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THE PRODUCERS, INC.,
Address: 3514 W. ARCH STREET, SUITE 100
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: SOLARES, SIGMUND J
Address: 5505 WEST GRAY STREET
City-St-Zip: TAMPA, FL 33609

Title: M () Change (X) Addition
Name: DIRECTNIC, LLC,
Address: 650 POYDRAS STREET - SUITE 1150
City-St-Zip: NEW ORLEANS, LA 70130 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: SIGMUND J SOLARES

MGRP

04/12/2008

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