2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057975

Address:

City-St-Zip:

Entity Name: DIGITAL DIALOGUE, LLC

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 560 CARILLON PARKWAY ST. PETERSBURG, FL 33716 **Current Mailing Address: New Mailing Address:** 560 CARILLON PARKWAY ST. PETERSBURG, FL 33716 FEI Number: 20-4998017 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: CASTELLANO, NELSON T 101 E. KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602 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: ADDITIONS/CHANGES: Title: () Change (X) Addition () Delete SERLO, DAVID J Name: Name: Address: Address: 560 CARILLOON PARKWAY City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33716 Title: Title: () Change (X) Addition () Delete Name: Name: MILES, THOMAS Address: Address: 560 CARILLON PARKWAY City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33716 Title: () Delete Title: () Change (X) Addition CRAWFORD, BRIAN Name: Name: 560 CARILLON PARKWAY Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33716 Title: () Delete Title: () Change (X) Addition Name: Name: FELLOWS, GEOFFREY 560 CARILLON PARKWAY Address: Address: ST. PETERSBURG, FL 33716 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition SALZER, STEVE Name: Name: 560 CARILLON PARKWAY

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.

Address:

City-St-Zip:

ST. PETERSBURG, FL 33716

SIGNATURE: GEOFFREY FELLOWS