

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064948

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** WORLD IMAGING NETWORK, LLC

**Current Principal Place of Business:**

14025 RIVEREDGE DRIVE  
SUITE 600  
TAMPA, FL 33637

**New Principal Place of Business:**

14025 RIVEREDGE DRIVE  
SUITE 550  
TAMPA, FL 33637

**Current Mailing Address:**

14025 RIVEREDGE DRIVE  
SUITE 600  
TAMPA, FL 33637

**New Mailing Address:**

14025 RIVEREDGE DRIVE  
SUITE 550  
TAMPA, FL 33637

**FEI Number:** 20-5579810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENBERG, JEFFREY P  
14025 RIVEREDGE DRIVE  
SUITE 600  
TAMPA, FL 33637 US

**Name and Address of New Registered Agent:**

GREENBERG, JEFFREY P  
14025 RIVEREDGE DRIVE  
SUITE 550  
TAMPA, FL 33637 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:** JEFFREY P. GREENBERG

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** WRIGHT, GARY W  
**Address:** 14025 RIVEREDGE DRIVE  
**City-St-Zip:** TAMPA, FL 33637

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** WRIGHT, GARY W  
**Address:** 14025 RIVEREDGE DRIVE, SUITE 550  
**City-St-Zip:** TAMPA, FL 33637

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:** GARY W. WRIGHT

MGR

04/30/2009

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