

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067798

FILED
Apr 30, 2007
Secretary of State

Entity Name: MAGENTA CREATIVE NETWORKS LLC

Current Principal Place of Business:

126 WALLACE STREET
EDISON, NJ 08817

New Principal Place of Business:

Current Mailing Address:

126 WALLACE STREET
EDISON, NJ 08817

New Mailing Address:

FEI Number: 20-5160851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER [KWY STE 300
TAMPA, FL 33637 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: MGRM () Delete
Name: MCGRATH BROOKS, PATRICK
Address: 126 WALLACE STREET
City-St-Zip: EDISON, NJ 08817

Title: MGRM (X) Delete
Name: ERTL D'SOLA, JOHANA MARIA
Address: AV. SUR 1, LOS NARANJOS-EL HATILLO #09-18
City-St-Zip: VENEZUELA 1061,

Title: MGRM (X) Delete
Name: DUNSTERVILLE, GILES BRANCH
Address: QUINTA LOS PINOS, CALLE SUR 1
City-St-Zip: URBANIZACION CARACAS VENEZUE,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICK BROOKS

MGRM

04/30/2007

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