


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90045 009 \*\*\*\*55.00

<b>DOCUMENT # L06000081726</b> 1. Entity Name <b>THE COMIC BOX, LLC</b>					
Principal Place of Business <b>7410 KEY COLONY AVE APT 2014 WINTER PARK, FL 32792</b>			Mailing Address <b>7410 KEY COLONY AVE APT 2014 WINTER PARK, FL 32792</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>3500 SW 116th Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Davie, FL</b>		4. FEI Number <b>11-3787323</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33330</b>		Country <b>FL</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>Joseph P. Cammisa 7410 Key Colony Ave #2014 Winter Park, FL 32792</b>			7. Name and Address of New Registered Agent Name <b>Sandra Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>7410 Key Colony Ave #2014</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32792</b>		
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 <u><i>Sandra Martin</i></u> DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, SANDRA L 7410 KEY COLONY AVE APT 2014 WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMMISA, JOSEPH P 7410 KEY COLONY AVE APT 2014 WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 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: <u><i>Sandra Martin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/26/07</u> 321-276-4752 <small>Daytime Phone #</small>		