2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# L06000081726

Entity Name: THE COMIC BOX, LLC

Current Principal Place of Business:

7410 KEY COLONY AVE APT 2014
WINTER PARK, FL 32792

New Principal Place of Business:

3716 SW 64TH AVE
DAVIE, FL 33314

Current Mailing Address:

3500 SW 116TH AVE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 11-3787323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, SANDRA
7410 KEY COLONY AVE APT 2014
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

MARTIN, SANDRA
3716 SW 64TH AVE
DAVIE, FL 33314 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: SANDRA MARTIN 04/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MARTIN, SANDRA L
Address: 7410 KEY COLONY AVE APT 2014
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete
Name: CAMMISA, JOSEPH P
Address: 7410 KEY COLONY AVE APT 2014
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MARTIN, SANDRA L
Address: 3716 SW 64TH AVE
City-St-Zip: DAVIE, FL 33314

Title: MGRM (X) Change ( ) Addition
Name: CAMMISA, JOSEPH P
Address: 3716 SW 64TH AVE
City-St-Zip: DAVIE, FL 33314

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: SANDRA MARTIN MGRM 04/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date