

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107068

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** HIGHER GROUND PUBLISHING LLC

**Current Principal Place of Business:**

4905 WILD GRAPE WAY  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

4905 WILD GRAPE WAY  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 87-0787788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISICHELLA, ANTHONY JR.  
4905 WILD GRAPE WAY  
MELBOURNE, FL 32940 US

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

BAKER, DAVID A  
1015 FLORIDA A  
MELBOURNE, FL 32940 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: DAVID A. BAKER

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FISICHELLA, DOUGLAS J  
Address: 6929 SOUTH DELAWARE ST  
City-St-Zip: LITTLETON, CO 80120 US

Title: MGRM  
Name: FISICHELLA, ANTHONY JR.  
Address: 4905 WILD GRAPE WAY  
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGRM  
Name: HENDRICKSON, DORIS A  
Address: 155 ST DAVID'S WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM  
Name: FISICHELLA, JEANNE MARIE  
Address: 4905 WILD GRAPE WAY  
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGRM  
Name: FISICHELLA, CHRISTINE  
Address: 4905 WILD GRAPE WAY  
City-St-Zip: MELBOURNE, FL 32940 US

I hereby 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: ANTHONY FISICHELLA, JR.

MGRM

04/18/2011

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