

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107910

FILED
Feb 24, 2008
Secretary of State

Entity Name: WOLF COMMUNICATIONS LLC

Current Principal Place of Business:

7763 WEST COURTYARD RUN
BOCA RATON, FL 334433

New Principal Place of Business:

247 WEST CHRYSTIE CIRCLE
DELRAY BEACH, FL 33484

Current Mailing Address:

7763 WEST COURTYARD RUN
BOCA RATON, FL 334433

New Mailing Address:

247 WEST CHRYSTIE CIRCLE
DELRAY BEACH, FL 33484

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: PROSCURSHIM, ALEXANDER
Address: 7763 WEST COURTYARD RUN
City-St-Zip: BOCA RATON, FL 334433

Title: ST () Delete
Name: PROSCURSHIM, ALEXANDER
Address: 7763 WEST COURTYARD RUN
City-St-Zip: BOCA RATON, FL 334433

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PROSCURSHIM, ALEXANDER
Address: 247 WEST CHRYSTIE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: ST (X) Change () Addition
Name: PROSCURSHIM, ALEXANDER
Address: 247 WEST CHRYSTIE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

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: ALEXANDER PROSCURSHIM

MGR

02/24/2008

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