2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123077

Entity Name: E4GS INTERACTIVE L.L.C.

FILED Jun 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6625 MIAMI LAKES DRIVE 6030 N.W. 99 AVENUE

345 414

MIAMI LAKES, FL 33014 DORAL, FL 33178 US

Current Mailing Address: New Mailing Address:

6625 MIAMI LAKES DRIVE 6030 N.W. 99 AVENUE 345 414

MIAMI LAKES, FL 33014 DORAL, FL 33178 US

FEI Number: 20-8202841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

POLLER, TULIO C SR 7190 S.W. 14 STREET POLLER, TULIO C SR 3001 S. OCEAN DRIVE

PEMBROKE PINES, FL 33025 US 229 HOLLYWOOD, FL 33019 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: TULIO C. POLLER 06/18/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: P () Delete Title: () Change () Addition

 Name:
 ESTEFANO, JOSE R SR
 Name:

 Address:
 251 SW 47TH AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33134
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 REAL, ADRIAN F SR
 Name:

 Address:
 5156 NE 4TH AVE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33334
 City-St-Zip:

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$

 Name:
 POLLER, TULIO C SR
 Name:
 POLLER, TULIO C SR

 Address:
 7190 S.W. 14 STREET
 Address:
 3001 S. OCEAN DRIVE # 229

 City-St-Zip:
 PEMBROKE PINES, FL 33023 US
 City-St-Zip:
 HOLLYWOOD, FL 33019 US

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: TULIO C. POLLER VP 06/18/2009