2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: CAROL

Secretary of State DOCUMENT # L07000003870 02-13-2008 90063 029 ***138.75 1. Entity Name INK TALK, LLC Principal Place of Business Mailing Address 777 BAYSHORE DRIVE #1406 777 BAYSHORE DRIVE #1406 FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chq-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-8251778 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, PATRICK G Street Address (P.O. Box Number is Not Acceptable) 1401 E. BROWARD BLVD., SUITE 206 FT. LAUDERDALE, FL 33301 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Defete TITLE ☐ Addition TITLE ☐ Change WEINTRAUB, HENRY NAME NAME STREET ADDRESS 777 BAYSHORE DRIVE STREET ADDRESS FT. LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☑ Delete TITLE MGRM Addition GRAY, CAROL 177 BAYSHORE DRIVE FT. LANDERPALE, FL 33304 CAROL NAME GRAY, CORAL NAME 777 BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

WEINTRAUB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 13, 2008 8:00 am

954)565-5539