2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053115

Address:

City-St-Zip:

Entity Name: IMAGE-G-NATION CREATIVE GROUP L.L.C.

FILED Jun 25, 2009 Secretary of State

Current P	rincipal Place of Business:	New Princ	ipal Place of Business:	
	CKELL AVE STE 200	New Fillic	pair face of business.	
Current Mailing Address:		New Mailir	ng Address:	
1390 BRIC MIAMI, FL	KELL AVE STE 200 33131			
In accordan	: 11-3813023 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent:	• •		
	CASTILLO B., P.A. CKELL AVE STE 200 33131 US			
	named entity submits this statement for the of Florida.	ne purpose of changing it	s registered office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete MEDA, MAGALLI 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete OLAVARRIA, JORGE J 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MEDA, MARIANNA 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131	
Title: Name:	() Delete	Title: Name:	D () Change (X) Addition MEDA, ANA MARIA	

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.

Address:

City-St-Zip:

1390 BRICKELL AVE STE 200

MIAMI, FL 33131

SIGNATURE: MAGALLI MEDA MGR 06/25/2009