

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

03-10-2008 90337 031 ***138.75

DOCUMENT # L07000069745	
1. Entity Name EDITORIAL CONTENT PROVIDERS, L.L.C.	

Principal Place of Business 18800 NE 29TH AVE. #907 AVENTURA, FL 33180	Mailing Address 18800 NE 29TH AVE. #907 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0618270	Applied For Not Applicable
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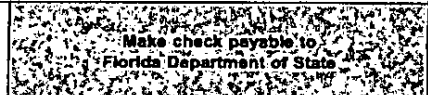
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SOLOMON, MICHELLE F MS. 18800 NE 29TH AVE. #907 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75



9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLOMON, MICHELLE F MS. 18800 NE 29TH AVE. #907 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Michelle F Solomon 3/05/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #