

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089741

Entity Name: INK PORT, LLC

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

4770 BISCAYNE BLVD., SUITE 1430
MIAMI, FL 33137

New Principal Place of Business:

100 SE 2ND STREET
SUITE 2310
MIAMI, FL 33131

Current Mailing Address:

4770 BISCAYNE BLVD., SUITE 1430
MIAMI, FL 33137

New Mailing Address:

100 SE 2ND STREET
SUITE 2310
MIAMI, FL 33131

FEI Number: 26-1655330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERFATY, CHARLES S ESQ.
4770 BISCAYNE BLVD., SUITE 1430
MIAMI, FL 33137 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: SERFATY, CHARLES
Address: 4770 BISCAYNE BLVD., SUITE 1430
City-St-Zip: MIAMI, FL 33137

Title: MGR () Delete
Name: DICHTER, JAMES
Address: 4770 BISCAYNE BLVD., SUITE 1430
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: MRG (X) Change () Addition
Name: 1688628 ONTARIO LTD,
Address: 6 CITATION DRIVE
City-St-Zip: TORONTO, ON M2K1S4 CA

Title: MGR (X) Change () Addition
Name: DICHTER, BEJAMIN J
Address: 949 S NORTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

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: BENJAMIN DICHTER

MGR

03/05/2008

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