

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092159

Entity Name: MAGNET USA, LLC

FILED  
Apr 16, 2008  
Secretary of State

**Current Principal Place of Business:**

2313 NE 7 STREET  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

2313 NE 7 STREET  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 74-3230555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEYNERMAN, GINA  
2313 NE 7 STREET  
HALLANDALE, FL 33009 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: MGRM ( ) Delete  
Name: BERBEGA, VITALY  
Address: MIAGI STREET 7A  
City-St-Zip: SAMARA, RUSSIA 443013, XX XX

Title: MGRM ( ) Delete  
Name: SYSOEV, SERGEY  
Address: MIAGI STREET 7A  
City-St-Zip: SAMARA, RUSSIA 443013, XX XX

Title: MGRM ( ) Delete  
Name: KLEYNERMAN, GINA  
Address: 2313 NE 7 STREET  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GINA KLEYNERMAN

MRS.

04/16/2008

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