

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093464

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: ALTER EGO INTERACTIVE, LLC

## Current Principal Place of Business:

127 W FAIRBANKS AVENUE  
#106  
WINTER PARK, FL 32789

## New Principal Place of Business:

127 W FAIRBANKS AVENUE  
#106  
WINTER PARK, FL 32789 US

## Current Mailing Address:

127 W FAIRBANKS AVENUE  
#106  
WINTER PARK, FL 32789

## New Mailing Address:

127 W FAIRBANKS AVENUE  
#106  
WINTER PARK, FL 32789 US

FEI Number: 26-1154415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNES, JONATHAN  
127 W FAIRBANKS AVENUE  
#106  
WINTER PARK, FL 32789 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: BARNES, JONATHAN  
Address: 127 W FAIRBANKS AVENUE #106  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM ( ) Delete  
Name: STEWART, TIMOTHY  
Address: 127 W FAIRBANKS AVENUE #106  
City-St-Zip: WINTER PARK, FL 32789 US

## ADDITIONS/CHANGES:

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: JONATHAN BARNES

MGRM

04/07/2008

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