2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L07000097528

Entity Name: ENCORE PERFORMANCE PUBLISHING, LLC

Current Principal Place of Business:

2557 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 14367
TALLAHASSE, FL 32317

New Mailing Address:

FEI Number: 26-1147219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LAW OFFICE OF SILVERMAN & VORHIS
20 W. UNIVERSITY AVENUE, SUITE 202
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

VORHIS, STEPHEN R
2557 BARRINGTON CIR
TALLAHASSEE, FL 32308 US

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: SR VORHIS 01/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: VORHIS, NANCY
Address: PO BOX 14367
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP ( ) Delete
Name: EDWARDS, MEREDITH
Address: PO BOX 14367
City-St-Zip: TALLAHASSEE, FL 32317

Title: S ( ) Delete
Name: VORHIS, STEVE
Address: PO BOX 14367
City-St-Zip: TALLAHASSEE, FL 32317

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: SR VORHIS S 01/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date