✓ 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 04, 2008 8:00 am Secretary of State **DOCUMENT # L07000108099** 03-04-2008 90102 019 ***138 75 DIRECT MARKETING ASP LLC Principal Place of Business Mailing Address 60012308 13060 VISTA ISLES DR 13060 VISTA ISLES DR 226 SUNRISE, FL 33325 FL SUNRISE, FL 33325 FL 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232008 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-1266212 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, ANGEL S Street Address (P.O. Box Number is Not Acceptable) 13060 VISTA ISLES DR 226 SUNRISE, FL 33325 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, ANGEL S NAME NAME 13060 VISTA ISLES DR SUITE 226 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF SUNRISE, FL 33325 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fifing 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 WIND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #