

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000111287

FILED
Oct 19, 2009
Secretary of State**Entity Name:** NICHE DIRECTORY PLATFORM, LLC**Current Principal Place of Business:**3213 DOVER ROAD
POMPANO BEACH, FL 33062**New Principal Place of Business:**2240 WEST WOOLBRIGHT ROAD
203
BOYNTON BEACH, FL 33426**Current Mailing Address:**3213 DOVER ROAD
POMPANO BEACH, FL 33062**New Mailing Address:**2240 WEST WOOLBRIGHT ROAD
203
BOYNTON BEACH, FL 33426**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SARID, ALIZA
3213 DOVER ROAD
POMPANO BEACH, FL 33062 US**Name and Address of New Registered Agent:**CLEVELAND, DARREN
2240 WEST WOOLBRIGHT ROAD
203
BOYNTON BEACH, FL 33426 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: DARREN CLEVELAND

10/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: SARID, ALIZA
Address: 3213 DOVER ROAD
City-St-Zip: POMPANO BEACH, FL 33062Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: CLEVELAND, DARREN
Address: 20 LAKE EDEN DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435Title: MGRM () Change (X) Addition
Name: ESKAYCEE, LLC
Address: 2408 BOGER STADT RD
City-St-Zip: FOGELSVILLE, PA 18051

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: DARREN CLEVELAND

MGRM

10/19/2009

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