

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002420

FILED
Apr 30, 2009
Secretary of State

Entity Name: ACTION FIGURE XCHANGE LLC

Current Principal Place of Business:

8547 SHAWEE WAY
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

8547 SHAWEE WAY
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 22-3974161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CELLI, MICHAEL P
8547 SHAWEE WAY
BOCA RATON, FL 33433 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: MICHAEL P. CELLI

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CELLI, MICHAEL
Address: 8547 SHAWEE WAY
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: WITHEY, RYAN
Address: 8547 SHAWEE WAY
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: CELLI, MICHAEL
Address: 8547 SHAWEE WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: CELLI, ALFRED F JR.
Address: 511 SW 72 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

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: MICHAEL P. CELLI

MGR.

04/30/2009

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