2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035569

Entity Name: CREATIVE XPOSURE. LLC

FILED Mar 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1101 N.W 58 TERR 4747 NOB HILL RD

208 1

SUNRISE, FL 33313 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

1101 N.W 58 TERR 4747 NOB HILL RD

SUNRISE, FL 33313 SUNRISE, FL 33351

FEI Number: 26-2448678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREEN, EON C LYONS, JENNIFER P 1101 N.W 58 TERR 1253 SW 46TH AVE

1101 N.W 58 TERR 1253 SW 46TH AVE 208 1606

SUNRISE, FL 33313 US POMPANO BEACH, FL 33069 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: JENNIFER LYONS 03/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 GREEN, EON C
 Name:
 LYONS, ERROL G

 Address:
 1101 N.W 58 TERR # 208
 Address:
 1253 SW 46TH AVE #1606

 City-St-Zip:
 SUNRISE, FL 33313
 City-St-Zip:
 POMPANO BEACH, FL 33069

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 LYONS, ERROL G
 Name:

 Address:
 1253 S.W 46 TH AVE # 1606
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 WOOLCOCK, DAMIAN O
 Name:

 Address:
 6840 N.W 81 PL
 Address:

 City-St-Zip:
 TAMARAC, FL 33321
 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: ERROL LYONS MGR 03/29/2009