

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062587

Entity Name: SHOW PUBLISHING LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

1540 CLERMONT DRIVE, #102
NAPLES, FL 34109

New Principal Place of Business:

1701 TARPON BAY DRIVE S
NAPLES, FL 34119

Current Mailing Address:

1540 CLERMONT DRIVE, #102
NAPLES, FL 34109

New Mailing Address:

1701 TARPON BAY DRIVE S
NAPLES, FL 34119

FEI Number: 26-2891518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROOKER, MARY ANN
1540 CLERMONT DRIVE, #102
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

STEWART, DAVID
1701 TARPON BAY DRIVE S
NAPLES, FL 34119 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: DAVID STEWART

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEWART, DAVID
Address: 1540 CLERMONT DRIVE, #102
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: CROOKER, MARY ANN
Address: 1540 CLERMONT DRIVE, #102
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STEWART, DAVID
Address: 1701 TARPON BAY DRIVE S
City-St-Zip: NAPLES, FL 34119

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: DAVID STEWART

PRES

04/23/2009

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