

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067797

FILED
May 12, 2009
Secretary of State

Entity Name: MISKATONIC RIVER PRESS, LLC

Current Principal Place of Business:

944 REYNOLDS ROAD
188
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

944 REYNOLDS ROAD
188
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 26-3001694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HERBER, KEITH
944 REYNOLDS ROAD
188
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

HERBER, SHARON
944 REYNOLDS ROAD
188
LAKELAND, FL 33801 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: SHARON HERBER

05/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERBER, KEITH
Address: 944 REYNOLDS ROAD #188
City-St-Zip: LAKELAND, FL 33801 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERBER, SHARON
Address: 944 REYNOLDS ROAD #188
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR () Change (X) Addition
Name: LYNCH, THOMAS
Address: 135 PARK LANE
City-St-Zip: WEST HARRISON, NY 10604 US

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: THOMAS LYNCH

MGR

05/12/2009

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