

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069130

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: MSGSA INTERNATIONAL, LLC

## Current Principal Place of Business:

5230 UNIVERSITY DRIVE  
SUITE 106  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

5230 UNIVERSITY DRIVE  
SUITE 106  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENE, CRAIG S SR.  
5230 UNIVERSITY DRIVE  
SUITE 106  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GREENE, CRAIG S SR  
Address: 5230 UNIVERSTIY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: RADULOVICH, STEFFAN  
Address: 5230 UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: PARELLO, MARK J SR.  
Address: 5230 UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

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

## ADDITIONS/CHANGES:

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

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

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

Title: MSGM ( ) Change (X) Addition  
Name: EVANS, JAY C  
Address: 5230 UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

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: CRAIG S. GREENE

MGRM

01/17/2009

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