

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091503

Entity Name: BUZZ WORLDWIDE, LLC

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

6381 PORTOFINO LANE
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

6381 PORTOFINO LANE
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 26-4627621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFANTI, MICHAEL
1819 MAIN STREET
SUITE 610
SARASOTA, FL 34236 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: RIDGE, GAVIN
Address: 4781 SOUTH NEWPORT ISLAND DRIVE
City-St-Zip: VERO BEACH, FL 32967 US

Title: MGRM () Delete
Name: JEFFREY, CLIFT
Address: 6381 PORTOFINO LANE
City-St-Zip: MELBOURNE, FL 32940 US

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CLIFT, JEFFREY
Address: 6381 PORTOFINO LANE
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGRM () Change (X) Addition
Name: NIERENBERG, BRUCE
Address: 1369 LEXINGTON AVE
City-St-Zip: DAVENPORT, FL 33837

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: JEFFREY CLIFT

MGRM

04/19/2009

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