

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000098225

**FILED**  
**May 24, 2009**  
**Secretary of State****Entity Name:** ORLANDO STYLE MAGAZINE LLC**Current Principal Place of Business:**2295 S. HIAWASSEE RD.  
SUITE 410  
ORLANDO, FL 32835**New Principal Place of Business:****Current Mailing Address:**2295 S. HIAWASSEE RD.  
SUITE 410  
ORLANDO, FL 32835**New Mailing Address:****FEI Number:** 26-3728797**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SVEN, BODE  
7512 DR. PHILLIPS BLVD.  
50-230  
ORLANDO, FL 32835 US**Name and Address of New Registered Agent:**BODE, JOEL  
7512 DR. PHILLIPS BLVD.  
50-230  
ORLANDO, FL 32835 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: BO

05/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** SVEN, BODE  
**Address:** 2295 S. HIAWASSEE RD., SUITE 410  
**City-St-Zip:** ORLANDO, FL 32835 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** CATHLEEN, BODE  
**Address:** 2295 S. HIAWASSEE RD., SUITE 410  
**City-St-Zip:** ORLANDO, FL 32835 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: CATHLEEN BODE

BO

05/24/2009

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