2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103935

Entity Name: COLLEGE STACK, LLC

Address:

City-St-Zip:

7614 ELLIS ROAD

WEST MELBOURNE, FL 32904 US

FILED Jan 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7614 ELLIS ROAD WEST MELBOURNE, FL 32904 US **Current Mailing Address: New Mailing Address:** 7614 ELLIS ROAD WEST MELBOURNE, FL 32904 US FEI Number: 26-3668139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHILLINGER, CHARLES A 1311 BEDFORD DRIVE MELBOURNE, FL 32940 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LEONE, MICHAEL Name: Name: 7614 ELLIS ROAD Address: Address: City-St-Zip: WEST MELBOURNE, FL 32904 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEONE, BEVERLY Name: Name: Address: 7614 ELLIS ROAD Address: City-St-Zip: WEST MELBOURNE, FL 32904 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HOLLIS, JACOB Name: Name: Address: 7614 ELLIS ROAD Address: City-St-Zip: WEST MELBOURNE, FL 32904 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: GEIL, ETHAN Name: Address: 7614 ELLIS ROAD Address: City-St-Zip: WEST MELBOURNE, FL 32904 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OCKWELL, MATTHEW Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL LEONE MGRM 01/31/2009