

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000041887

Entity Name: ITMCI WIDGETS, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

177 LONGVIEW AVE  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

52 RILEY RD.  
STE 303  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

P O BOX 470171  
CELEBRATION, FL 34747 US

**New Mailing Address:**

52 RILEY RD.  
STE 303  
CELEBRATION, FL 34747 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ITMCI BUSINESS SOLUTIONS  
177 LONGVIEW AVENUE  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

EISSINMANN, INC.  
52 RILEY RD.  
STE 303  
CELEBRATION, FL 34747 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: IAKE EISSINMANN

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EISSINMANN, INC.  
Address: 52 RILEY RD. STE 303  
City-St-Zip: CELEBRATION, FL 34747 US

I hereby 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: IAKE EISSINMANN

MGRM

04/30/2010

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