

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065280

Entity Name: TRISTAR MEDIA USA LLC

FILED  
Jan 19, 2011  
Secretary of State

## Current Principal Place of Business:

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

## New Principal Place of Business:

1521 ALTON ROAD  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

## New Mailing Address:

1521 ALTON ROAD  
MIAMI BEACH, FL 33139 US

FEI Number: 37-1611588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 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: MGR  
Name: VOCISANO, JEAN PHILIPPE  
Address: 1082 SE 42 TER  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGR  
Name: POPAT, SHAMIR  
Address: 55 RUE DE JARIEL  
City-St-Zip: BAILLY-ROMAINVILLIERS, FR 77700 FR

Title: MGRM  
Name: LINDENBERGER, LAURENT  
Address: AVENUE LOUISE 200/132  
City-St-Zip: BRUXELLES, BE B-1050 BE

Title: MGRM  
Name: GERMAIN, NICOLAS  
Address: AVENUE LOUISE 200/132  
City-St-Zip: BRUXELLES, BE B-1050 BE

Title: MGR  
Name: EVEN, ERIC  
Address: 1450 LINCOLN ROAD SUITE 1001  
City-St-Zip: MIAMI BEACH, FL 33139 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: LAURENT LINDENBERGER

MGRM

01/19/2011

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