

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000073010

Entity Name: CAMPUS CARDS, LLC

FILED
Apr 03, 2011
Secretary of State

Current Principal Place of Business:

615 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

615 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 27-3057861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDICK, BENJAMIN
615 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483 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
Name: EDICK, BENJAMIN
Address: 615 NORTH OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: CEO
Name: EDICK, BENJAMIN
Address: 615 NORTH OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM
Name: EDICK, MATTHEW
Address: 615 NORTH OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: CFO
Name: EDICK, MATTHEW
Address: 615 NORTH OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

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: BENJAMIN EDICK

CEO

04/03/2011

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