


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90080 028 ***138.75

DOCUMENT # L98000000421			
1. Entity Name MSA - MARKETING SERVICES OF AMERICA, L.C.			
Principal Place of Business 8855 COLLINS AVENUE, STE. 1007 SURFSIDE, FL 33154		Mailing Address 8855 COLLINS AVENUE, STE. 1007 SURFSIDE, FL 33154	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>37 Trysting Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Scituate, MA</i>	
Zip	Country	Zip	Country
		<i>02066</i>	<i>US</i>
4. FEI Number 65-0835788		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LANZA, ALBERTO A 8855 COLLINS AVENUE, STE. 1007 SURFSIDE, FL 33154		<i>Lanza, George</i> Street Address (P.O. Box Numbers Not Acceptable) <i>6423 Collins Ave</i> <i>Apt 1803</i> City <i>Miami Beach</i> FL Zip Code <i>33141-9605</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANZA, ALBERTO A 8855 COLLINS AVENUE, STE. 1007 SURFSIDE, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Seymour, Terie</i> <i>37 Trysting Rd</i> <i>Scituate, MA 02066</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>x [Signature]</i>		Date: <i>x 4/22/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	