


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS MAR 29 AM 11:37	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001573</b>  POSTERS DIRECT, LLC 6001 FALLS CIRCLE DRIVE NORTH, SUITE 310 LAUDERHILL FL 33319  94-AR Em		1a. Principal Place of Business Address  6001 FALLS CIRCLE DRIVE NORTH LAUDERHILL FL 33319			
2. Principal Place of Business 48 Broad Street Suite, Apt. #, etc. #324 City & State Red Bank, N.J. Zip 07701 Country USA		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 08/25/1998 3a. State of Formation FL 4. FEI Number 65-0865025 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  ROSLIN, PERLE 6001 FALLS CIRCLE DRIVE NORTH, SUITE LAUDERHILL FL 33319		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) 700002837297--0 Suite, Apt. #, etc. -04/13/99--01003--024 ****188.75 ****188.75 City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when new to group)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	<del>ROSLIN, PERLE</del>	<del>6001 FALLS CIRCLE DRIVE NO</del>		<del>LAUDERHILL FL</del>	
MGRM	ROSLIN, ANNE MARIE	48 Broad Street, #324		Red Bank, N.J.	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>Anne Marie Roslin</u> 3/2/99 7326634988					