
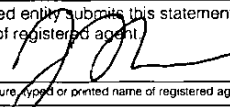



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90019 043 ***138.75

DOCUMENT # M00000000319					
1. Entity Name WORLD PUBLICATIONS II, LLC					
Principal Place of Business 460 NORTH ORLANDO AVE., STE. 200 WINTER PARK, FL 32789			Mailing Address 460 NORTH ORLANDO AVE., STE. 200 WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3670973	
Zip		Country		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			
THOMPSON, JEREMY % BONNIER CORPORATE 460 N ORLANDA AVENUE, SUITE 200 WINTER PARK, FL 32789		Name Thompson, Jeremy Esq. Street Address (P.O. Box Number is Not Acceptable) C/O Bonnier Corporation 460 North Orlando Avenue, Suite 200 City Winter Park, FL Zip Code 32789			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Jeremy M. Thompson Corporate Counsel </div> <div style="width: 30%; text-align: right;"> DATE 4-9-08 </div> </div>					
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	P. SNOW, TERRY L 1486 ALABAMA WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			Date 4-28-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Daytime Phone # 407-571-4715		