

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90150 003 ****50.00

DOCUMENT # M01000000373 1. Entity Name DIRECT MARKETING SERVICES, LLC					
Principal Place of Business 3230 PARKWAY, SUITE E-1 PIGEON FORGE, TN 37863			Mailing Address 3230 PARKWAY, SUITE E-1 PIGEON FORGE, TN 37863		
2. Principal Place of Business - No P.O. Box # 2828 PARKWAY		3. Mailing Address P.O. Box 188			
Suite, Apt. #, etc. C-8		Suite, Apt. #, etc.			
City & State PIGEON FORGE, TN		City & State PIGEON FORGE, TN		4. FEI Number 62-1695048	
Zip 37863		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COVE & ASSOCIATES PA 225 SOUTH 21ST AVENUE HOLLYWOOD, FL 33302-0		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>W. Brooks</i></u> <u><i>Doug Brooks</i></u> <u><i>5-1-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. BROOKS, DOUG JR. 3230 PARKWAY, SUITE E-1 PIGEON FORGE, TN 37863	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2828 PARKWAY C-8 PIGEON FORGE, TN 37863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>W. Brooks</i></u> <u><i>Doug Brooks Jr</i></u> <u><i>5-1-07</i></u> <u><i>865 478-9100</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					