

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002031

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: NORTHSTAR TRAVEL MEDIA, LLC

**Current Principal Place of Business:**

500 PLAZA DRIVE  
SECAUCUS, NJ 07094

**New Principal Place of Business:**

100 LIGHTING WAY  
SECAUCUS, NJ 07094

**Current Mailing Address:**

500 PLAZA DRIVE  
SECAUCUS, NJ 07094

**New Mailing Address:**

100 LIGHTING WAY  
SECAUCUS, NJ 07094

FEI Number: 04-3572119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: HUNDLEY, GEORGE  
Address: 500 PLAZA DRIVE  
City-St-Zip: SECAUCUS, NJ 07003

Title: MGR ( ) Delete  
Name: WRIGHT, TOM  
Address: 500 PLAZA DRIVE  
City-St-Zip: SECAUCUS, NJ 07094

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HUNDLEY, GEORGE  
Address: 100 LIGHTING WAY  
City-St-Zip: SECAUCUS, NJ 07003

Title: MGR (X) Change ( ) Addition  
Name: WRIGHT, TOM  
Address: 100 LIGHTING WAY  
City-St-Zip: SECAUCUS, NJ 07094

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: TOM WRIGHT

CFO

03/27/2007

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