

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002584

Entity Name: EMAGIC.COM LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

250 E. KILBOURN AVENUE
MILWAUKEE, WI 53202

Current Mailing Address:

PO BOX 756
MILWAUKEE, WI 53201

New Principal Place of Business:

250 E. KILBOURN AVENUE
REGULATORY RELATIONS DEPT.
MILWAUKEE, WI 53202

New Mailing Address:

PO BOX 756
REGULATORY RELATIONS DEPT.
MILWAUKEE, WI 53201

FEI Number: 39-1980421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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: CULVER, CURT S
Address: 250 E. KILBOURN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: MGR () Delete
Name: SINKS, PATRICK
Address: 250 E. KILBOURN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: MGR () Delete
Name: LAUER, J. MICHAEL
Address: 250 E. KILBOURN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CURT S. CULVER

MGR

01/15/2009

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