

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000505

FILED
Apr 10, 2009
Secretary of State

Entity Name: POCKET CARD NETWORKS, LLC

Current Principal Place of Business:

213 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

100 LAUREL WAY
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

213 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

100 LAUREL WAY
PONTE VEDRA BEACH, FL 32082

FEI Number: 22-3856423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFER, KEN
213 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

SCHAFER, KEN
100 LAUREL WAY
PONTE VEDRA BEACH, FL 32082 US

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:

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHAFER, KEN
Address: 213 SOLANO CAY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: PARKER, JANN W
Address: 2040 N MACARTHUR BLVD, SUITE 122-205
City-St-Zip: IRVING, TX 75038

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHAFER, KEN
Address: 100 LAUREL WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: JANN PARKER

MGR

04/10/2009

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