
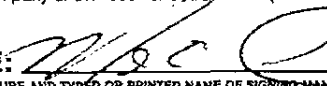


**2004 LIMITED LIABILITY COMPANY
- ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000000986		
1. Entity Name TRADER DISTRIBUTION SERVICES, LLC		
Principal Place of Business 100 W. STREET NORFOLK, VA 23510	Mailing Address 100 W. STREET NORFOLK, VA 23510	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$50.00 Due by May 1, 2004		000000024878 02/02/04-80083-020 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRADER PUBLISHING COMPANY 100 W. STREET NORFOLK, VA 23510	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  MICHAEL E ASKEW <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING-MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		1/21/04 757 640 6396 <small>Date Daytime Phone #</small>