2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M03000001588

1. Entity Name

NATIONAL CONSUMER MARKETING, LLC



FILED
Jan 10, 2006 08:00 AM
Secretary of State

Principal Place of Business

470 PARK AVENUE SOUTH

8TH FLOOR

NEW YORK, NY 10016-6816

Mailing Address

470 PARK AVENUE SOUTH

8TH FLOOR

NEW YORK, NY 10016-6816



01032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0782230

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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PLANTATI	ON, FL 33324	INT	HIS SPACE	
the obligat	named entity submits this statement for the purpose of challons of registered agent.	anging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2006			
<b>\$</b> .	MANAGING MEMBERS/MANAGERS	And And Supple		
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	MGRM PIRONTI, ANTHONY R 470 PARK AVENUE SOUTH , 8TH FLOOR NEW YORK, NY 100166819	= 1	F - N	
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11. I hereby certify that the information supplied with this filling does not quality 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 flability company or freprecieve of trustee empowered by execute this report as required by Chapter 608, Florida Statutes

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

LATURE IND TYPED OR PRINTED NAME OF SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3 JAN 2006

Date

Daytime Phone #

686-8680