


**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90005 018 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # M03000003241</b> 1. Entity Name <b>NORTH AMERICAN KIOSK, LLC</b>					
Principal Place of Business <b>101 CONVENTION CENTER DRIVE, SUITE 1225          LAS VEGAS, NV 89109</b>		Mailing Address <b>101 CONVENTION CENTER DRIVE, SUITE 1225          LAS VEGAS, NV 89109</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip _____ Country _____		City & State Zip _____ Country _____		4. FEI Number <b>20-0075916</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-LLC		CR2E083 (12/06)	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75          Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to          Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>JAMES, MAX F</b> <b>101 CONVENTION CENTER DRIVE, SUITE 1225          LAS VEGAS, NV 89109</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>Ronald J...</i></u>		Date <u>07/07/08</u>		Daytime Phone # <u>(702) 216-4721</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**50008333**



07072008 Chg-LLC CR2E083 (12/06)