

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000185

FILED
Jan 05, 2010
Secretary of State

Entity Name: REVENUE RESPONSE NETWORK, LLC

Current Principal Place of Business:

14 ISLA BAHIA DRIVE
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

25 COLUMBUS CIRCLE
APT. 75C
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 20-0554185 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TROSCLAIR, LOU T
14 ISLA BAHIA DR
FORT LAUDERDALE, FL 33316 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: MGRM
Name: LUMINA PACIFICA, INC.
Address: P.O. BOX 2151
City-St-Zip: TEMECULA, CA 92593

Title: MGRM
Name: TROSCLAIR, LOU T
Address: 14 ISLA BAHIA DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM
Name: FEDER-TROSCLAIR FAMILY TRUST
Address: 14 ISLA BAHIA DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM
Name: TROSCLAIR-FEDER FAMILY TRUST
Address: 14 ISLA BAHIA DR
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby 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: LOU THOMAS TROSCLAIR GP 01/05/2010

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