## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## **FILED** Apr 01, 2008 08:00 AM Secretary of State DOCUMENT # M04000001365 1. Entity Name AFFINITY GROUP NETWORKS LLC Principal Place of Business Mailing Address **4 PRINCE STREET** 4 PRINCE STREET NEW CITY NY 10956 NEW CITY NY 10956 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State Applied For City & State 4. FEI Number 52-2403532 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 Signature, typed or printed name of registered agent and tise I applicable :NOTE: Registered Adont's grateric rug incrt whore constituting DATE FILE NOW!!! FEE IS \$138.75 U00000876777 04/11/08-80089-005 138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. 1:TLE MGR Delete TITLE Change Addition NAME RIZZUTO, DENNIS NAME STREET ADDRESS STREET ADDRESS **4 PRINCE STREET** CITY-ST-ZIP NEW CITY NY 10956 CITY-ST-Z:P TITLE ☐ Delete THE ☐ Change ncriibbA 🔲 MARKE MAME STREET ADDRESS STREET ADDRESS CITY ST-Z.P CITY-ST-ZIP THE TITLE Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TATLE TITLE Addition Delete Change NAME NAME STREET ADDRESS STREET AUDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

SIGNATURE: DENNIS REZENTO 3/27/08 845 425-0111

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.