
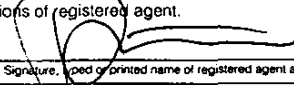
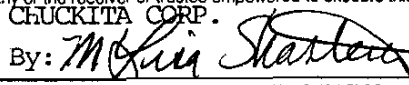


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90165 006 ****50.00

DOCUMENT # M04000001448 1. Entity Name VERTICALIBROS, LLC					
Principal Place of Business 100 NORTH TAMPA STREET, SUITE 1800 TAMPA, FL 33602			Mailing Address 100 NORTH TAMPA STREET, SUITE 1800 TAMPA, FL 33602		
2. Principal Place of Business 403 East Madison Street			3. Mailing Address 403 East Madison Street		
Suite, Apt. #, etc. Suite 400			Suite, Apt. #, etc. Suite 400		
City & State Tampa, FL			City & State Tampa, FL		
Zip 33602		Country USA		Zip 33602	
Country USA		4. FEI Number 20-0680194			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHASTEEN, PHILIP M 100 NORTH TAMPA STREET, SUITE 1800 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Philip M. Shasteen Street Address (P.O. Box Number is Not Acceptable) 403 East Madison Street Suite 400 City Tampa		
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 			Philip M. Shasteen		
Signature, typed or printed name of registered agent and title if applicable.			DATE 6/6/05		
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROUP KATZ, INC. 925 GENTER STREET, #203 LA JOLLA, CA 92037	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Reuben Rodriguez-Katz 935 Genter Street, Suite 203 La Jolla, CA 92037
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHUCKITA CORP. 100 NORTH TAMPA STREET, SUITE 1800 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDIA INVESTMENTS, LLC 5695 AVERY ROAD DUBLIN, OH 43016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
CHUCKITA CORP.					
SIGNATURE: 					
By: M. Lisa Shasteen, President 6/6/05 (813) 220-3000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					