

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90055 042 \*\*\*\*50.00

**DOCUMENT # M04000003523**

1. Entity Name  
**CHANNEL PRIME ALLIANCE LLC**



Principal Place of Business  
**800 CONNECTICUT AVE.  
NORWALK, CT 06856**

Mailing Address  
**800 CONNECTICUT AVE.  
NORWALK, CT 06856**

**30011006**



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**73-1696832**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKOCZEN, DAVID 800 CONNECTICUT AVE. NORWALK, CT 06856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARDOZZI, RONALD J 800 CONNECTICUT AVE. NORWALK, CT 06856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKUS, WILLIAM 800 CONNECTICUT AVE. NORWALK, CT 06856
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**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/13/07