

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003523

FILED
Mar 16, 2009
Secretary of State

Entity Name: CHANNEL PRIME ALLIANCE LLC

Current Principal Place of Business:

800 CONNECTICUT AVE.
NORWALK, CT 06856

New Principal Place of Business:

Current Mailing Address:

800 CONNECTICUT AVE.
NORWALK, CT 06856

New Mailing Address:

FEI Number: 73-1696832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: PROCTOR, JOHN
Address: 800 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06856

Title: MGR () Delete
Name: NARDOZZI, RONALD J
Address: 800 CONNECTICUT AVE.
City-St-Zip: NORWALK, CT 06856

Title: S () Delete
Name: MULLINO, DM
Address: 800 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06852

Title: D () Delete
Name: RESTINO, NJ
Address: 800 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06856

Title: CEO () Delete
Name: COY, MD
Address: 800 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06856

ADDITIONS/CHANGES:

Title: S (X) Change () Addition
Name: PROVOST, JOHN
Address: 800 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06856

Title: T (X) Change () Addition
Name: NARDOZZI, RONALD J
Address: 800 CONNECTICUT AVE.
City-St-Zip: NORWALK, CT 06856

Title: VP (X) Change () Addition
Name: MULLIN, D
Address: 800 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06852

Title: P (X) Change () Addition
Name: HAGOPIAN, DER D
Address: 800 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06856

Title: VP (X) Change () Addition
Name: MUHS, J
Address: 800 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06856

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PROVOST, JOHN

S

03/16/2009

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