2005 LIMITED LIABILITY COMPANY

Aug 29, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M04000004059** 08-29-2005 90039 040 ****55.00 CURTCO/GSM, LLC Principal Place of Business Mailing Address 29160 HEATHERCLIFF ROAD 29160 HEATHERCLIFF ROAD MALIBU, CA 90665-6304 MALIBU, CA 90665-6304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 CR2E083 (10/03) Applied For City & State 4. FEI Number City & State Not Applicable 76-0766722 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, 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 September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Addition TITLE ☐ Delete ☐ Change CURTCO PUBLISHING, LLC NAME NAME 29160 HEATHERCLIFF ROAD STREET ADDRESS STREET ADDRESS MALIBU, CA 906656304 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY_ST_ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ 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.

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

8/23/05