

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000004764

1. Entity Name  
ALLOY MALL MARKETING SERVICES, LLC



Principal Place of Business  
C/O ALLOY, INC.  
151 W. 26TH STREET, 11TH FLOOR  
NEW YORK, NY 1001

Mailing Address  
C/O ALLOY, INC.  
151 W. 26TH STREET, 11TH FLOOR  
NEW YORK, NY 1001



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1351049

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DIAMOND, MATTHEW C  
151 W. 26TH STREET, 11TH FLOOR  
NEW YORK, NY 1001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHNSON, JAMES K JR.  
151 W. 26TH STREET, 11TH FLOOR  
NEW YORK, NY 1001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GRADESS, SAMUEL A  
151 W. 26TH STREET, 11TH FLOOR  
NEW YORK, NY 1001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11000000213212  
02/08/05-80019-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

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

Date

Daytime Phone #

1/25/05 212-244-4307