


**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
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DO NOT WRITE IN THIS SPACE



01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1351049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
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02/08/05-80019-007 50.00

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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: _____ **1/25/05** **212-744-4307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #