2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # M04000004928** 04-30-2008 90042 025 ***138.75 B. DÁLTON BOOKSELLER, LLC Principal Place of Business Mailing Address 122 FIFTH AVENUE 122 FIFTH AVENUE NEW YORK, NY 10011 NEW YORK, NY 10011 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite Ant # etc. Suite, Apt. #, etc. 04252008 CR2E083 (12/06) Chg-LLC City & State City & State 4 EEI Number Applied For 20-1821192 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 Zip Code FL 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) FILE NÓW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE Delete 🕽 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NY 10011 CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME RIGGIO, LEONARD NAME 122 FIFTH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10011 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RIGGIO, STEPHEN NAME NAME STREET ADDRESS 122 FIFTH AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10011 CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE KLIPPER, MITCHELL S NAME NAME 122 FIFTH AVENUE STREET ADDRESS STREET ADORESS CITY-ST-ZIP NEW YORK, NY 10011 CITY-ST-ZIP Delete ☐ Addition TITLE LAWRENCE ROBINS ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CFO ☐ Delete TITLE ☐ Change ☐ Addition TITLE LOMBARDI, JOSEPH NAME NAME STREET ADDRESS 122 FIFTH AVENUE STREET ADDRESS NEW YORK, NY 10011 CITY-ST-ZIP CITY-ST-7IP

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.

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

LAURENCE S, RASINS

FILED