2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002460

City-St-Zip:

NEW YORK, NY 10022

Entity Name: THE ZONDERVAN CORPORATION L.L.C.

FILED Sep 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
5300 PAT	TERSON AVEN APIDS, MI 495	IUE SE		
Current Mailing Address:			New Mailing Address:	
	TERSON AVEN APIDS, MI 495			
FEI Number: 20-2572547 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1201 HAYS TALLAHAS	ATION SERVIC S STREET SSEE, FL 3230	112525 US	urnoso of changing i	ts registered office or registered agent, or both
	e of Florida.	abilitis tilis statement for the po	arpose or changing r	is registered office of registered agent, or both
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	nt	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	CD () FRIEDMAN, JAN 10 EAST 53RD NEW YORK, NY	STREET	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition MURRAY, BRIAN 10 EAST 53RD STREET NEW YORK, NY 10022
Title: Name: Address: City-St-Zip:	C () SALVI, MICHAE 10 EAST 53RD NEW YORK, NY	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VCOO (X) D'AGNES, GLEN 10 EAST 53RD NEW YORK, NY	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VT () GERVASIO, JAN 10 EAST 53RD NEW YORK, NY	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	VS () GOFF, CHRISTO 10 EAST 53RD		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: MICHAEL SALVI MGR 09/18/2009