## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000003803

City-St-Zip:

Entity Name: NYT GROUP SERVICES, LLC

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	T 43RD STREE RK, NY 10036	T, 12TH FLOOR		
Current Mailing Address:			New Mailing Address:	
229 WEST NEW YOR	T 43RD STREE RK, NY 10036	T, 12TH FLOOR		
FEI Number: 06-1619167 FEI Number Applied For ( )		FEI Number Not App	icable ( ) Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230			
	named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,
SIGNATU				
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	THE NEW YOR 229 WEST 43R	Delete K TIMES C, OMPANY D STREET, 12TH FLOOR ′ 10036	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P ( ) Change (X) Addition RICHIERI, KENNETH A 229 WEST 43RD STREET NEW YORK, NY 10036
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SVP () Change (X) Addition FORMAN, LEONARD P 229 WEST 43RD STREET NEW YORK, NY 10036
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition BENTEN, R. ANTHONY 229 WEST 43RD STREET NEW YORK, NY 10036
Title: Name: Address:	( )	Delete	Title: Name: Address:	S ( ) Change (X) Addition BRAUER, RHONDA L 229 WEST43RD STREET

I hereby certify that the information supplied with this filing does not qualify for the 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: NEW YORK, NY 10036

SIGNATURE: RHONDA L. BRAUER S 04/21/2006