2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# M05000006298

Entity Name: DIRECT.COM LLC

Current Principal Place of Business:

2828 CORAL WAY,
SUITE 440
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2828 CORAL WAY,
SUITE 440
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-3782921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAZARUS, LANCE J
2828 CORAL WAY
SUITE 440
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	PRES	( ) Delete
Name:	LAZARUS, LANCE J	
Address:	2828 CORAL WAY, SUITE 440	
City-St-Zip:	MIAMI, FL 33145	
Title:	CFO	( ) Delete
Name:	TRENCHER, LEWIS	
Address:	125 PARK AVENUE 4TH FLOOR	
City-St-Zip:	NEW YORK, NY 10017 US	
Title:	VP	( ) Delete
Name:	FAJARDO, DOUGLAS	
Address:	2828 CORAL WAY SUITE 440	
City-St-Zip:	MIAMI, FL 33145	
Title:	VP	( ) Delete
Name:	BRITO, ARTURO	
Address:	2828 CORAL WAY SUITE 440	
City-St-Zip:	MIAMI, FL 33145	
Title:	VP	( ) Delete
Name:	GREENFIELD, PHILIP	
Address:	125 PARK AVENUE 4TH FLOOR	
City-St-Zip:	NEW YORK, NY 10017	
Title:	VP	( ) Delete
Name:	NEUMAN, THOMAS O	
Address:	125 PARK AVENUE 4TH FLOOR	
City-St-Zip:	NEW YORK, NY 10017	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: OMAR GARCIA FD 02/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date