

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006458

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: WESTWOOD DISTRIBUTORS LLC

## Current Principal Place of Business:

330 MADISON AVENUE  
9TH FL  
NEW YORK, NY 10017

## New Principal Place of Business:

## Current Mailing Address:

330 MADISON AVENUE  
9TH FL  
NEW YORK, NY 10017

## New Mailing Address:

FEI Number: 20-3737802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: MULLER, PATRICIA  
Address: 330 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete  
Name: MURRAY, ROBERT  
Address: 330 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete  
Name: BELL, WILLIAM  
Address: 330 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete  
Name: KUTSCHER, ROBERT  
Address: 330 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete  
Name: NAVON, JACOB  
Address: 330 MADISON AVENUE  
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:

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: PATRICIA A. MULLER

MGRM

03/24/2009

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