FILED Apr 21, 2008 8:00 am Secretary of State

| 2000 LII | ANNUAL REPORT | IV I |
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| | AIIIIOAE | ILLI OILI | | | | ing on St | mu | |
|---|---|--|---|--|--------------------------------|---|---|--|
| 1. Entity Nam | CUMENT # M0600000546 y Name LON INTERACTIVE, LLC | | | | 04-21-2008 90310 040 ***138.75 | | | |
| | | | (Sin 1) | <u>**</u> | | . 🕳 - | | |
| Principal Place | e of Business | Mailing Address | | | 000. | | | |
| 315 PARK AV New York, N | /ENUE SOUTH, 18TH FLOOR IY 19801 | 800 TECH CENTER DR COLUMBUS, OH 43230 | 1 | 4 18713814 1 | 1 8706 880 kam 284 824 | ı danı actlı balaı giri öldiğ | C 110 3 1 (61 40 3 1 | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| 3100 Easton Square | | Square Pla | <u>ule </u> | 8.5116 | , Jein estii seiel etti etsia | | | |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | • | 04042008 | Chg-LLC | CR2E083 (12/06 | ;) | |
| City & State | е | City & State | 0 H | 4. FEI Numb | - | ├ | Applied For | |
| Zip | Country | Columbus, | Country | | | _ \$5.00 A | Not Applicable | |
| · · · · · · · · · · · · · · · · · · · | | 43219 | | | of Status Desired | Fee Requi | | |
| | -6. Name and Address of Current | Registered Agent | Name | 7.7 Name and | Address of New Ro | agistered Agent | | |
| | ORATION SYSTEM | | | (DO D. N. | | | | |
| | TH PINE ISLAND ROAD ON, FL 33324 | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | , | | | | | | | |
| | | | City | | | FL Zip Co | xde | |
| 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) | | DATE | | |
| | | | | <u>.</u> | • | | | |
| | NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75 | ; | | | | e check payable to Department of Sta | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | ADDITIONS/ | CHANGES | | |
| TITLE | MGR | ☐ Delete | TITLE | | | ☐ Change | e 🗌 Addition | |
| NAME STREET ADDRESS | SCULLION, JOHN W 17655 WATERVIEW PKWY | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | DALLAS, TX 75252 | | CITY-ST-ZIP | | | | | |
| TITLE | MGR | ☐ Delete | TITLE | | | Change | e 🔲 Addition | |
| NAME | UTAY, ALAN M 17655 WATERVIEW PARKWAY | | NAME STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | DALLAS, TX 75252 | | CITY-ST-ZIP | | | | | |
| TITLE | MGR | ☐ Delete | TITLE | | | Change | e 🔲 Addition | |
| NAME CYPIET ADDRESS | PARKS, J. MICHAEL | | NAME STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 17655 WATERVIEW PKWY - DALLAS, TX 75252 | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | e 🔲 Addition | |
| NAME CITICIT ADDRESS | | | NAME STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | e 🔲 Addition | |
| NAME | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | Delete | TITLE | | | ☐ Change | e 🔲 Addition | |
| NAME | • | | NAME | | | - • | _ | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZiP | certify that the information supplied with | this filing does not qualify for | CITY-ST-ZIP | sined in Chanter 110 | Florida Statutae Lf | urther certify that the in | oformation | |
| indicated | certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trusted | that my signature shall have | the same legal effect | as if made under oat | h; that I am a manag | jing member or mana | ger of the | |
| 11 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | |
| | // 3 // 1 | // 1.2 . | Z | | 1// | /// | 10 4/10 | |

| SIGNATURE: (1-2- Achulu | e cea SVP | 4-110) | 614-729-467 |
|--|--|--------|-----------------|
| SIGNATURE AND TYPED OR BRITTED NAME OF SIGNING | MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytima Phone # |