

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000546

Entity Name: EPSILON INTERACTIVE, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

315 PARK AVENUE SOUTH, 18TH FLOOR
NEW YORK, NY 19801

New Principal Place of Business:

Current Mailing Address:

3100 EASTON SQ PL
COLUMBUS, OH 43219

New Mailing Address:

FEI Number: 13-4161996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: SCULLION, JOHN W
Address: 17655 WATERVIEW PKWY
City-St-Zip: DALLAS, TX 75252 X

Title: MGR () Delete
Name: UTAY, ALAN M
Address: 17655 WATERVIEW PARKWAY
City-St-Zip: DALLAS, TX 75252

Title: MGR (X) Delete
Name: PARKS, J. MICHAEL
Address: 17655 WATERVIEW PKWY
City-St-Zip: DALLAS, TX 75252

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KENNEDY, BRYAN J
Address: 4301 REGENT BLVD
City-St-Zip: IRVING, TX 75252

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: RICHARD E. SCHUMACHER, JR.

SVP

04/22/2009

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