

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003839

Entity Name: AUDIOLINK, L.L.C.

FILED  
Jan 17, 2007  
Secretary of State

## Current Principal Place of Business:

420 RIVERSIDE DRIVE, #6F  
NEW YORK, NY 10025

## New Principal Place of Business:

18 JOHN STREET  
SUITE 300  
NEW YORK, NY 10038

## Current Mailing Address:

420 RIVERSIDE DRIVE, #6F  
NEW YORK, NY 10025

## New Mailing Address:

FEI Number: 48-1175980      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POMA, FRANK  
10501 SOUTH ORANGE AVE.  
ORLANDO, FL 32824 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: FINGER, GAIL  
Address: 15 MARDEN LANE, #300  
City-St-Zip: NEW YORK, NY 10038

Title: MGR ( ) Delete  
Name: HERTZ, VICTOR  
Address: 15 MARDEN LANE, #300  
City-St-Zip: NEW YORK, NY 10038

Title: MGR ( ) Delete  
Name: POMA, FRANK  
Address: 10501 S. ORANGE AVE., #122  
City-St-Zip: ORLANDO, FL 32824

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FINGER, GAIL  
Address: 15 MAIDEN LANE, #300  
City-St-Zip: NEW YORK, NY 10038

Title: MGR (X) Change ( ) Addition  
Name: HERTZ, VICTOR  
Address: 15 MAIDEN LANE, #300  
City-St-Zip: NEW YORK, NY 10038

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

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.

SIGNATURE: GAIL M. FINGER

MGRM

01/17/2007

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