

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004218

FILED
May 14, 2007
Secretary of State

Entity Name: EURO RSCG DIRECT RESPONSE LLC

Current Principal Place of Business:

513 N.W. 13TH AVENUE, FLOOR 5
PORTLAND, OR 97209

New Principal Place of Business:

Current Mailing Address:

513 N.W. 13TH AVENUE, FLOOR 5
PORTLAND, OR 97209

New Mailing Address:

FEI Number: 30-0008335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE CO.
1201 HAUS STREET
TALLAHASSEE, FL 32301 US

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: BESS, RON
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: MGR () Delete
Name: DILLIES, JACQUES
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: MGR () Delete
Name: JONES, DAVID
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: MGR () Delete
Name: WYNNNE, NANCY
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: MGR () Delete
Name: BROWN, SPENCER
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: () Delete
Name:
Address:
City-St-Zip:

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: MGR (X) Change () Addition
Name: NETZLEY, STEVE
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: MGR () Change (X) Addition
Name: NAKASHIMA, BRIAN
Address: 350 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

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: BRIAN NAKASHIMA

CFO

05/14/2007

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