

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90041 035 \*\*\*138.75

<b>DOCUMENT # M06000006180</b> 1. Entity Name <b>AFFINITY MOBILE, LLC</b>					
Principal Place of Business <b>880 APOLLO STREET, SUITE 237 EL SEGUNDO, CA 90245</b>			Mailing Address <b>880 APOLLO STREET, SUITE 237 EL SEGUNDO, CA 90245</b>		
2. Principal Place of Business - No P.O. Box # <b>1950 Stemmons Freeway</b>		3. Mailing Address <b>1950 Stemmons Freeway</b>		 04292008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. <b>Suite 5065</b>		Suite, Apt. #, etc. <b>Suite 5065</b>			
City & State <b>Dallas, TX</b>		City & State <b>Dallas, TX</b>			
Zip <b>75207</b>		Country <b>USA</b>		4. FEI Number <b>54-2196447</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAJI, ARIF 880 APOLLO STREET, SUITE 237 EL SEGUNDO, CA 90245		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Carney 1950 Stemmons Freeway Suite 5065 Dallas TX 75207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ira Levy 1950 Stemmons Freeway Suite 5065 Dallas TX 75207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bob Blair 1950 Stemmons Freeway Suite 5065 Dallas TX 75207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ira Levy 1950 Stemmons Freeway Suite 5065 Dallas TX 75207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
Printed: <b>Ira D. Levy</b> <b>SIGNATURE:</b> _____			Date: <b>4/29/2008</b> Daytime Phone #: <b>214.800.1864</b>		