2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# M06000006475

Entity Name: VIDA PUBLISHERS L.L.C.

Current Principal Place of Business:

1211 AVENUE OF THE AMERICA
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

HARPERCOLLINS PUB
1000 KEYSTONE IND PARK
SCRANTON, PA 18512

New Mailing Address:

FEI Number: 20-2572598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	VTD	(X) Delete
Name:	D'AGNES, GLENN	
Address:	1211 AVENUE OF THE AMERICA	
City-St-Zip:	NEW YORK, NY 10036	
Title:	VD	( ) Delete
Name:	FERNANDEZ, ESTEBAN	
Address:	1211 AVENUE OF THE AMERICA	
City-St-Zip:	NEW YORK, NY 10036	
Title:	PD	( ) Delete
Name:	LOCKHART, DOUGLAS	
Address:	1211 AVENUE OF THE AMERICA	
City-St-Zip:	NEW YORK, NY 10036	
Title:	VDAT	( ) Delete
Name:	SCHRIEBER, JAMES	
Address:	1211 AVENUE OF THE AMERICA	
City-St-Zip:	NEW YORK, NY 10036	
Title:	VS	( ) Delete
Name:	GOFF, CHRISTOPHER	
Address:	1211 AVENUE OF THE AMERICA	
City-St-Zip:	NEW YORK, NY 10036	
Title:	V	( ) Delete
Name:	SALVI, MICHAEL	
Address:	1211 AVENUE OF THE AMERICA	
City-St-Zip:	NEW YORK, NY 10036	

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:	( ) 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: MICHAEL SALVI V 03/06/2009

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