2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007218

Title:

Name:

Address:

City-St-Zip:

() Delete

114 W. 26TH STREET, 4TH FLOOR

KIRK, MICHAEL

NEW YORK, NY 10001

Entity Name: CPS COMMUNICATIONS LLC

FILED Feb 04, 2008 Secretary of State

(X) Change () Addition

114 W. 26TH STREET, 4TH FLOOR

KRIAK, MICHAEL

NEW YORK, NY 10001

Current Principal Place of Business: New Principal Place of Business: C/O HAYMARKET MEDIA, INC. 114 WEST 26TH STREET, 4TH FLOOR NEW YORK, NY 10001 **Current Mailing Address: New Mailing Address:** C/O HAYMARKET MEDIA, INC 114 WEST 26TH STREET, 4TH FLOOR NEW YORK, NY 10001 FEI Number: 86-1065772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BESSE, SUZANNE KRIAK, MICHAEL 7200 WEST CAMINO REAL, SUITE 215 7200 WEST CAMINO REAL, SUITE 215 BOCA RATON, FL 33433 BOCA RATON, FL 33433 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: /MICHAEL KRIAK/ 02/04/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete PECOVER, WILLIAM Name: Name: 114 W. 26TH STREET, 4TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10001 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FREEMAN, BRIAN Name: Address: 114 W. 26TH STREET, 4TH FLOOR Address: NEW YORK, NY 10001 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition KIRK, LISA Name: Name: 114 W. 26TH STREET, 4TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10001 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL KRIAK MR 02/04/2008