

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003701

FILED
Sep 26, 2008
Secretary of State

Entity Name: AMADEUS INTERACTIVE SOLUTIONS LLC

Current Principal Place of Business:

1802 NORTH ALAFAYA TRAIL
ORLANDO, FL 32826

New Principal Place of Business:

1025 SOUTH SEMORAN BLVD
SUITE 1093
WINTER PARK, FL 32792

Current Mailing Address:

1802 NORTH ALAFAYA TRAIL
ORLANDO, FL 32826

New Mailing Address:

1025 SOUTH SEMORAN BLVD
SUITE 1093
WINTER PARK, FL 32792

FEI Number: 20-1194675 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:

BICKFORD, DARREN
1802 NORTH ALAFAYA TRAIL
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

BICKFORD, DARREN
1025 SOUTH SEMORAN BLVD
SUITE 1093
WINTER PARK, FL 32792 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: DARREN BICKFORD

09/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BICKFORD, DARREN
Address: 1802 NORTH ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BICKFORD, DARREN
Address: 1025 SOUTH SEMORAN BLVD
City-St-Zip: WINTER PARK, FL 32792

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: DARREN BICKFORD

PRES

09/26/2008

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