2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # M07000007204

1. Entity Name

MEDIAMARK RESEARCH & INTELLIGENCE, LLC



Principal Place of Business

75 NINTH AVENUE, 5TH FLOOR NEW YORK, NY 10011

Mailing Address

75 NINTH AVENUE, 5TH FLOOR NEW YORK, NY 10011

FILED Mar 14, 2008 8:00 am Secretary of State

03-14-2008 90205 004 ***138.75

60014947



02152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-3630240 26-1590191

Applied For Not Applicable

5. Certificate of Status Desired

and for the purpose of changing its registered office or registered agent or both in the State of Florida. Lam familiar with and accomp

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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the obligations of registered agent.	ignig its registered office of registered agent, or both	i, in the State of Forda. Tain laminar with and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent aigneture required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

<u> </u>	
9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR 50
NAME .	LOVE, KATHI
STREET ADDRESS	75 NINTH AVENUE, 5TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	MGR
NAME	WESSELS, WILHELM
STREET ADDRESS	75 NINTH AVENUE, 5TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	MGR
NAME	FUERST, ROLAND F
STREET ADDRESS	75 NINTH AVENUE, 5TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP C	11111 31
TITLE	
NAME	
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CITY-ST-ZIP	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

212 2405520

Davime Phone #