

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001642

FILED
Jan 05, 2012
Secretary of State

Entity Name: SOURCE INTERLINK RETAIL SERVICES, LLC

Current Principal Place of Business:

27500 RIVERVIEW CENTER BLVD.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27500 RIVERVIEW CENTER BLVD.
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 26-1306967

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: MGRM
Name: SOURCE INTERLINK DISTRIBUTION, LLC
Address: 27500 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP
Name: WINCHESTER, STERLING
Address: 27500 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S
Name: JUSTICE, STEPHANIE
Address: 27500 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P
Name: SULLIVAN, MICHAEL
Address: 27500 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D,VP
Name: BODE, JOHN
Address: 27500 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: MAYS, GREG
Address: 27500 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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: STERLING WINCHESTER

VP

01/05/2012

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