

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001087

Entity Name: FICTIONWISE LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

76 9TH AVENUE  
NEW YORK, NY 10011

**New Principal Place of Business:**

**Current Mailing Address:**

122 FIFTH AVENUE  
TAX DEPT 4TH FLO  
NEW YORK, NY 10011

**New Mailing Address:**

FEI Number: 26-4388495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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: CEO  
Name: WILLIAM J., LYNCH JR  
Address: 122 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10011

Title: CFO  
Name: ALLEN W., LINDSTROM  
Address: 122 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10011

Title: AS  
Name: LAWRENCE, ROBINS  
Address: 122 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10011

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: LAWRENCE S ROBINS

AS

04/09/2012

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