

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001718

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: ACCENT MARKETING SERVICES, L.L.C.

## Current Principal Place of Business:

400 MISSOURI AVENUE SUITE 107  
JEFFERSONVILLE, IN 47130

## New Principal Place of Business:

400 MISSOURI AVENUE SUITE 100  
JEFFERSONVILLE, IN 47130

## Current Mailing Address:

C/O MDC PARTNERS INC.  
950 THIRD AVENUE  
NEW YORK, NY 10022

## New Mailing Address:

400 MISSOURI AVENUE SUITE 100  
JEFFERSONVILLE, IN 47130

FEI Number: 61-1355595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
STE 4  
WESTON, FL 33331 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: MGR ( ) Delete  
Name: FOLEY, KEVIN  
Address: 400 MISSOURI AVENUE SUITE 107  
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: MGR ( ) Delete  
Name: DAUK, CHRIS  
Address: 400 MISSOURI AVENUE SUITE 107  
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: MGR ( ) Delete  
Name: GENDEL, MITCHELL  
Address: 950 THIRD AVE. 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: SWARTZMAN, GAVIN  
Address: 45 HAZELTON AVENUE  
City-St-Zip: TORONTO, ONT., CANADA, XX

Title: MGR ( ) Delete  
Name: DICKSON, ROBERT E  
Address: 45 HAZELTON AVENUE  
City-St-Zip: TORONTO, ONT., CANADA, XX

Title: MGR ( ) Delete  
Name: GIBSON, GLENN  
Address: 45 HAZELTON AVENUE  
City-St-Zip: TORONTO, ONT., CANADA, XX

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: CHRIS DAUK

CFO

03/10/2009

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