

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90053 041 ***150.00

DOCUMENT # P25641

1. Entity Name
CONSUMER SOURCE HOLDINGS, INC.



Principal Place of Business

**3585 ENGINEERING DR
SUITE #100
NORCROSS, GA 30092**

Mailing Address

**3585 ENGINEERING DR
SUITE #100
NORCROSS, GA 30092**

DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1858150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	METZ, ROBERT
STREET ADDRESS	3585 ENGINEERING DR SUITE #100
CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	S
NAME	CHELL, BEVERLY
STREET ADDRESS	745 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10151
TITLE	CFO
NAME	PAYNE, KIM
STREET ADDRESS	3585 ENGINEERING DR SUITE #100
CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	VICE PRESIDENT OF TAX
NAME	MIKE STAN
STREET ADDRESS	3585 Engineering Drive, Suite 100
CITY-ST-ZIP	NORCROSS, GA - 30092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/08

Date

Daytime Phone #