2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V03256

308 INDIAN CREEK CIRCLE

(X) Delete

5417 STRATFORD MANOR DRIVE

ADEL, GA 31620

ELLSWORTH, JOHN

MACON, GA 31220

Address: City-St-Zip:

Title:

Name:

Address: City-St-Zip: FILED Oct 03, 2008 Secretary of State

Entity Name: TIME OUT SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 308 INDIAN CREEK CIRCLE ADEL, GA 31620 **Current Mailing Address: New Mailing Address:** 308 INDIAN CREEK CIRCLE ADEL, GA 31620 FEI Number: 59-3102954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INCORP SERVICES, INC. 17888 67 CT N LOXAHATCHEE, FL 33470 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEBLANC, COLLEEN M Name: Name: 308 INDIAN CREEK CIRCLE Address: Address: City-St-Zip: ADEL, GA 31620 City-St-Zip: () Delete Title: Title: () Change () Addition Name: LEBLANC, TIM D Name:

Address:

Title:

Name:

Address:

City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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

SIGNATURE: TIM LEBLANC T 10/03/2008

above, or on an attachment with an address, with all other like empowered.

() Change () Addition