that my name appears above, or on an attachment with all other like empowered. 04/27/2013

SIGNATURE: LINDA MATHRE

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: CELESTE HOUSE PUBLISHING GROUP, LLC **Current Principal Place of Business:**

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

1368 FAIRBANKS DRIVE CLEARWATER, FL 33764

Current Mailing Address:

DOCUMENT# L12000003023

1368 FAIRBANKS DRIVE CLEARWATER, FL 33764

FEI Number: 45-5056888

Name and Address of Current Registered Agent:

PIPPEN, JOSEPH F 1920 EAST BAY DRIVE LARGO, FL 33771 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

Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	MANAGING MEMBER
Name	MATHRE, LINDA A	Name	NELLI, DOI
Address	1368 FAIRBANKS DRIVE	Address	1368 FAIRBANKS DRIVE
City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33764

I hereby 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 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; and

MANAGING MEMBER

Date

FILED Apr 27, 2013 Secretary of State CC0158493168

Certificate of Status Desired: Yes

Date