

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001523

Entity Name: SOURCE INTERLINK MEDIA, LLC**Current Principal Place of Business:**27500 RIVERVIEW CENTER BLVD
BONITA SPRINGS, FL 34134**Current Mailing Address:**27500 RIVERVIEW CENTER BLVD
BONITA SPRINGS, FL 34134**FEI Number:** 26-2254935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MGRM
Name SOURCE INTERLINK COMPANIES, INC.
Address 27500 RIVERVIEW CENTER BLVD
City-State-Zip: BONITA SPRINGS FL 34134

Title S
Name JUSTICE, STEPHANIE
Address 27500 RIVERVIEW CENTER BLVD.
City-State-Zip: BONITA SPRINGS FL 34134

Title P
Name SULLIVAN, MICHAEL
Address 27500 RIVERVIEW CENTER BLVD.
City-State-Zip: BONITA SPRINGS FL 34134

Title VP
Name WINCHESTER, STERLING
Address 27500 RIVERVIEW CENTER BLVD.
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR, VP, TREASURER, ASST. SECRETARY
Name BODE, JOHN
Address 27500 RIVERVIEW CENTER BLVD.
City-State-Zip: BONITA SPRINGS FL 34134

Title D
Name MAYS, GREG
Address 27500 RIVERVIEW CENTER BLVD.
City-State-Zip: BONITA SPRINGS FL 34134

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

SIGNATURE: STERLING WINCHESTER

VICE PRESIDENT

02/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date