


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002099 1. Entity Name OLE COMMUNICATIONS MEDIA SERVICES, L.C.	
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Principal Place of Business 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126	Mailing Address 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0984943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES, ET AL
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33131

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

**Filing Fee is \$50.00
Due by May 1, 2004**

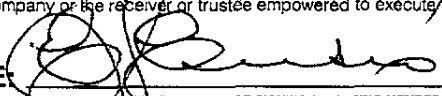
U00000089680
03/15/04-80101-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSCO, ENRIQUE 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE: 03/11/04 (205) 953-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE