2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #: L00000010104

1. Entity Name
BROADCAST DYNAMICS, LLC.

FILED
01 OCT 22 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10200 S.W. 70TH AVENUE MIAMI FL 33156	10200 S.W. 70TH AVENUE MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
19 West Flagler Street	19 West Flagler Street
Suite, Apt. #, etc. 905	Suite, Apt. #, etc. 905
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33130 Country: USA	Zip: 33130 Country: USA

4. FEI Number 65-1034417 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GELLES, JARED 2950 S.W. 27TH AVENUE, STE 210 MIAMI FL 33133	Name: Gelles, Jared Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Avenue Suite 1400 City: Miami FL Zip Code: 33131

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.

SIGNATURE [signature] DATE 10/15/01

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judy Benyunes 19 West Flagler Street, Suite 905 Miami, Florida 33130 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600004653676--3 -10/25/01--01068--025 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Judy Benyunes 10/16/2001 (305) 218-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #