
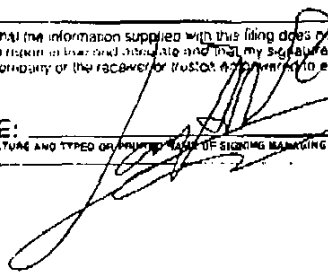


**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90031 032 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L04000042411</b>			
1. Entity Name <b>BRIGHTCONTENT, LLC</b>			
Principal Place of Business <b>2010 N.W. 84 AVENUE MIAMI, FL 33122</b>		Mailing Address <b>2010 N.W. 84 AVENUE MIAMI, FL 33122</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc		Suite, Apt. # etc	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Filing Number <b>20-1371549</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PARKER, CLAYTON E 201 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing a 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	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete <b>Javier Villamizar 2010 NW 84 Ave., Miami, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete <b>Francisco Javier Lillo 2010 NW 84 Ave., Miami, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete <b>Angel Navarro Alarcon 2010 NW 84 Ave., Miami, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of the company to execute this report as required by Chapter 668, Florida Statutes.			
SIGNATURE:		Date	
		<b>Javier Villamizar 4/25/05 305-921-1303</b>	