


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000052475 |  |
| 1. Entity Name KG COMMUNICATIONS, LLC | |

| | |
|---|---|
| Principal Place of Business 13 S.W. 7TH STREET MIAMI, FL 33130 US | Mailing Address 13 S.W. 7TH STREET MIAMI, FL 33130 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC CRZE083 (11/05)

| | |
|---|------------------------------------|
| 4. FEI Number 20-1463911 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fees Required |

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

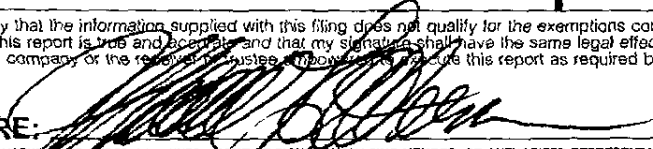
9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ROSEN, WAYNE 277 GALEON COURT CORAL GABLES, FL 33143 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LATTERNER, MICHAEL 13 S.W. 7TH STREET MIAMI, FL 33130 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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04/26/06-80108-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 and I have filed this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3-29-06 305-372-1266

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