

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 27, 2009  
Secretary of State**

DOCUMENT# L05000009693

Entity Name: SOUTH FLORIDA CARIBBEAN NEWS, LLC

**Current Principal Place of Business:**

5944 CORAL RIDGE DR  
BOX 221  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

912 SW 101 TERR  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

5944 CORAL RIDGE DR.  
BOX 221  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

912 SW 101 TERR  
PEMBROKE PINES, FL 33025

FEI Number: 20-4150123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMILTON, WAYNE A  
5315 NW 122 DR  
CORAL SPRINGS, FL 33076      US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HAMILTON, WAYNE A  
Address: 5315 NW 122 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO      ( ) Change (X) Addition  
Name: HAMILTON, IAN M  
Address: 912 SW 101 TERR  
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: WAYNE HAMILTON

CEO

05/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date