


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000000864  
 1. Entity Name  
 OLE COMMUNICATIONS GROUP (US), L.C.



Principal Place of Business 5201 BLUE LAGOON DRIVE SUITE 650 MIAMI, FL 33126	Mailing Address 5201 BLUE LAGOON DRIVE SUITE 650 MIAMI, FL 33126
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**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0854046	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, COMA, DE TORRES & FERNANDEZ-FRAGA  
 101 MADEIRA AVENUE  
 CORAL GABLES, FL 33134

**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 retreating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUSCO, ENRIQUE 5201 BLUE LAGOON DRIVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM I.V.C. TELEVISION, INC. 5201 BLUE LAGOON DRIVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000091946  
 03/18/04-80025-006 50.00

**DO NOT WRITE 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)(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 606, Florida Statutes.

SIGNATURE:  03/11/04 (305) 573-5183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #