

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90022 015 ****50.00

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1. Entity Name
CREATIVE LATIN MEDIA, LLC

Principal Place of Business
**8000 FEDERAL HIGHWAY, SUITE 215
BOCA RATON, FL 33487**

Mailing Address
**8000 FEDERAL HIGHWAY, SUITE 215
BOCA RATON, FL 33487**

2. Principal Place of Business

3. Mailing Address

8000 Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33487

01162004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0268042

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

**SHENKMAN, BENJAMIN P ESQ.
2160 WEST ATLANTIC AVENUE, SECOND FLOOR
DELRAY BEACH, FL 33445**

Name -

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **SUANCARLOS PLOTNICOFF** Delete
NAME **MANAGING MEMBER**
STREET ADDRESS **8000 Federal Highway, Suite 108**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **LAURA MALIKIN-STUART** Delete
NAME **MANAGING MEMBER**
STREET ADDRESS **8000 Federal Highway**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Laura Malkin-Stuart Managing Member 1/22/04 561-9535287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, AUTHORIZED REPRESENTATIVE Date Daytime Phone #