

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L03000037242

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 108

City & State

City & State  
Boca Raton, FL

Zip

Country

Zip

33487

Country

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

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

7. Name and Address of New Registered Agent

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
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CITY-ST-ZIP

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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 Mallkin-Stuart Managing Member 1/22/04 561-9535287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #