- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011075

1. Entity Name
CONCEPT MEDIA, L.L.C.

Principal Place of Business	Mailing Address
600 NE 36 STREET, STE. 204 MIAMI, FL 33145	600 NE 36 STREET, STE. 204 MIAMI, FL 33145

04182005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0525736
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RUTENBERG, LUISA
600 NE 36 STREET, STE. 204
MIAMI, FL 33145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RUIZ, SILVINA A
STREET ADDRESS	600 NE 36 STREET, STE. 204
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	RUTENBERG, RICARDO
STREET ADDRESS	600 NE 36 STREET, STE. 204
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	RUTENBERG, LUISA
STREET ADDRESS	600 NE 36 STREET, STE. 204
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000349784
05/02/05-80077-017 50.00

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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: Ricardo Rutenberg 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #