


**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90031 032 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L04000042411</b>			
1. Entity Name BRIGHTCONTENT, LLC			
Principal Place of Business 2010 N.W. 84 AVENUE MIAMI, FL 33122		Mailing Address 2010 N.W. 84 AVENUE MIAMI, FL 33122	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt # etc	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Filing Number 20-1371549		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  PARKER, CLAYTON E 201 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131		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 a 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	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete Javier Villamizar 2010 NW 84 Ave., Miami, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete Francisco Javier Lillo 2010 NW 84 Ave., Miami, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete Angel Navarro Alarcon 2010 NW 84 Ave., Miami, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the company to execute this report as required by Chapter 668, Florida Statutes.			
SIGNATURE:		Date: 4/25/05 305-921-1303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	