

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022158

**FILED**  
**Feb 27, 2017**  
**Secretary of State**  
**CC8826589701**

**Entity Name:** CISNEROS MEDIA DISTRIBUTION LLC

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA  
SUITE 1400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 ALHAMBRA PLAZA  
SUITE 1400  
CORAL GABLES, FL 33134 US

**FEI Number:** 42-1529048

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HERNANDEZ, EDUARDO L  
121 ALHAMBRA PLAZA  
SUITE 1400  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title: MANAGER, SECRETARY  
Name: HERNANDEZ, EDUARDO L  
Address: 121 ALHAMBRA PLAZA  
SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER, PRESIDENT  
Name: BLUM, JONATHAN  
Address: 121 ALHAMBRA PLAZA  
SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER, VP  
Name: DVORAK, MIGUEL  
Address: 121 ALHAMBRA PLAZA  
SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

Title: TREASURER  
Name: BEARD, MELANIE  
Address: 121 ALHAMBRA PLAZA  
SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

Title: VP  
Name: COLTRO, MARCELLO  
Address: 121 ALHAMBRA PLAZA  
SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDUARDO L. HERNANDEZ

**MANAGER**

**02/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date