


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002099 1. Entity Name OLE COMMUNICATIONS MEDIA SERVICES, L.C.	
---	---

Principal Place of Business 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126	Mailing Address 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126
---	---

DO NOT WRITE IN THIS SPACE



02192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0984943	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 ARAZOZA, COMAS, DE TORRES, ET AL 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33131	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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

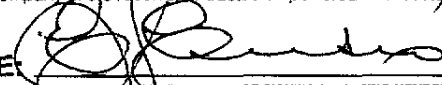
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000089680
03/15/04-80101-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSCO, ENRIQUE 5201 BLUE LAGOON DRIVE, SUITE 270 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	Date 03/11/04 (205) 953-5183	Daytime Phone #
---	---------------------------------	-----------------