2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

04-29-2004 90061 047 ****50.00

DOCUMENT # L00000004609

1. Entity Name
MIAMI TELESITE LLC

Principal Place of Business	Mailing Address
2200 SOUTH DIXIE HWY. #702 MIAMI, FL 33133	2200 SOUTH DIXIE HWY. #702 MIAMI, FL 33133

34007254

01072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		3052 SW 27th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 101	
City & State		City & State Miami, Fl	
Zip	Country	Zip 33133	Country USA

4. FEI Number 65-1025574 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TARRAU, GABRIEL 111 N.E. 1ST STREET, SUITE 902 MIAMI, FL 33132	Name: Renzo Renzi Street Address (P.O. Box Number is Not Acceptable): 3052 SW 27th Ave. #101 City: Miami FL Zip Code 33133

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] RENZO Renzi 4/20/04
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR TARRAU, GABRIEL 111 NE 1ST STREET MIAMI, FL 33132	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR Managing member Renzi, Renzo 3052 SW 27th Ave #101 Miami, Fl 33133	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR member Renzi, Pasquale 3052 SW 27th Ave. #101 Miami, Fl 33133	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: x [signature] RENZO RENZI 4/20/04 3054468807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #