
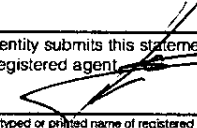
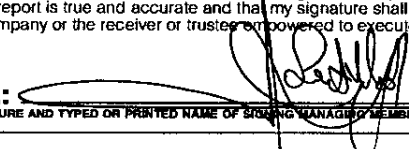


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90163 012 ****50.00

| | | | | | |
|---|--------------------------------------|---|---|---|--|
| DOCUMENT # L00000006442 | | | |  | |
| 1. Entity Name I.F. MULTICULTURAL INTERACTIVE SOLUTIONS, LLC | | | | | |
| Principal Place of Business 1101 BRICKELL AVENUE 4TH FLOOR SOUTH MIAMI, FL 33131 US | | Mailing Address 1101 BRICKELL AVENUE 4TH FLOOR SOUTH MIAMI, FL 33131 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01072004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 65-1022142 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| SANTILIAN, XAVIER 1101 BRICKELL AVENUE 4TH FLOOR-SOUTH TOWER MIAMI, FL 33131 | | | Name <u>Jose Luis Ortega</u> Street Address (P.O. Box Number is Not Acceptable) <u>2333 Brickell Ave</u> <u>Apt 400</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33129</u> | | |
| 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, typed or printed name of registered agent and title if applicable. <u>Jose Luis Ortega</u> | | DATE <u>2/4/04</u> | |
| 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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | INFISERVICE CORP. | NAME | | | |
| STREET ADDRESS | 1101 BRICKELL AVENUE 4TH FLOOR SOUTH | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33131 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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:  | | Date <u>2-4-03</u> | | Daytime Phone # <u>305-3770390</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER/MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |