LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L00000007726

FILED May 28, 2002 8:00 am Secretary of State

05-28-2002 91532 035 ****55.00

867366

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

407 Lincoln Rd
Suite, Apt. #, etc.

Suite 2A

City & State

Miami Beach

Zip

Country

3. Mailing Address

407 Lincoln Road
Suite, Apt. #, etc.

Suite 2A

City & State

4. FEI Number

Miami Beach
Country

A FEI Number

DO NOT WRITE IN THIS SPACE

 Applied For

 65-1017919
 Not Applicable

\$5.00 Additional

Fee Required

Zip Code

33139

(12/01)

DO NOT WRITE IN THIS SPACE

USA

Iphimedia LC

Name
Stratton, Douglas
Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road Suite 2A
1

5. Certificate of Status Desired XX

Miami Beach

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.

Signature, typed or printed name of registered agent and title if applicable.

DOCUMENT #

1. Entity Name

DATE

FL

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

MANAGING MEMBERS/MANAGERS TITLE MGR TITLE NAME NAMÉ: Eugene S. Bem STREET ADDRESS STREET ADDRESS 545 8th Avenue #401 CITY-ST-ZIP CITY-ST-ZIP NY, NY 10018-4307 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY#ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. Thereby 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:

IKE:

Mr. Fug Cre 3,

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AL

05/20/2007

888-340-0572

Daytime Phone #