


FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90012 030 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000007729 1. Entity Name PBS WORLDWIDE, L.L.C.					
Principal Place of Business 7200 NORTHWEST 19 STREET SUITE 301 MIAMI, FL 33126 US			Mailing Address P.O. BOX 527443 MIAMI, FL 33152 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1078933	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA CORPORATE REGISTERED AGENTS, INC. 7200 NORTHWEST 19 STREET SUITE 301 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name FLORIDA CORPORATE REGISTERED AGENTS, L.L.C. Street Address (P.O. Box Number is Not Acceptable) 7200 NW 19 ST. SUITE 301 City MIAMI FL Zip Code 33126	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when re-registering) DATE <u>4-21-08</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIZET, DAVID 7200 NORTHWEST 19 STREET SUITE 301 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIZET, DANIEL 7200 NW 19 ST., STE. 301 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUPO, SILVIO 7200 NORTHWEST 19 STREET SUITE 301 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)</small>			DATE: <u>4-15-08</u> (305) 477-7447 <small>Date Daytime Phone #</small>		

60027795



04092008 Chg-LLC CR2E083 (12/06)

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 FLORIDA CORPORATE REGISTERED AGENTS, L.L.C.
 Street Address (P.O. Box Number is Not Acceptable)
 7200 NW 19 ST.
 SUITE 301
 City
 MIAMI FL Zip Code
 33126

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Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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STREET ADDRESS
CITY-ST-ZIP
 MGRM
BIZET, DAVID
7200 NORTHWEST 19 STREET SUITE 301
MIAMI, FL 33126

☐ Delete

TITLE
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☐ Delete

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BIZET, DANIEL
7200 NW 19 ST., STE. 301
MIAMI, FL 33126

☒ Change ☐ Addition

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SIGNATURE: [Signature] DATE: 4-15-08 (305) 477-7447
(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #