2005 LIMITED LIABILITY COMPANY

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L00000013262** 05-02-2005 90111 046 ****50.00 1. Entity Name LEFTFIELD ADVERTISING, LLC Principal Place of Business Mailing Address 2000 E. OAKLAND PARK BLVD 2000 E. OAKLAND PARK BLVD 105 105 FT. LAUDERDALE, FL 33306 FT. LAUDERDALE, FL 33306 2. Principal Place of Business 3. Mailing Address 1000 Parkview DR. 000 Parkview DRIVE Suite, Apt. #, etc. ite, Apt. #, etc 02262005 Chg-LLC CR2E083 (10/03) 430 430 City & State City & State 4. FEI Number Applied For Bench tallandate Hallandabe 65-1018694 Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired USA 33109 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-ROMAN FERNANDE ROBIN, WHITE Street Address (P.O. Box Number is Not Acceptable) 2000 E. OAKLAND PARK BLVD. 1000 PARKVIEW DRIVE **SUITE 105** FT. LAUDERDALE, FL 33306 Zip Code 33009 HALLANDALE Beach 8. The above n entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida jistered agent. 1 05 SIGNATURE ped of pinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Delete TITLE Addition TITLE ☐ Change · . . WHITE, ROBIN NAME NAME STREET ADDRESS 2000 E. OAKLAND PARK BLVD, SUITE 105 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33306 CITY-ST-ZIP MGR ■ Delete TITLE TITLE ☐ Change ☐ Addition NAME BASSO, JOHN NAME STREET ADDRESS 2000 E. OAKLAND PARK BLVD, SUITE 105 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33306 CITY-ST-ZIP MGR TITLE Detete TITLE ☐ Change ■ Addition FERNANDEZ, ROMAN NAME NAME 2000 E OAKLAND PARK BLVD 105" STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33306 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 refer 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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