FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am § Secretary of State DOCUMENT # L0:1000000770 1. Entity Name 05-15-2002 90136 005 ****50.00 5.6 NEWS, L.L.C. Principal Place of Business Mailing Address 7646 ABBOTT AVE. 7646 ABBOTT AVE. SUITE #1 SUITE #1 **MIAMI FL 33141** MIAMI FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1067378 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIDLOSCA, RANDALL L Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH BISCAYNE BLYD. SUITE 800 **MIAMI FL 33131** 8. The above named entity suff tbe purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE _X registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 -Make Check Payable to Department of State Due By May 1, 2002 , 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Manager - President TITLE ☐ Delete TITLE Manager-President NAME Jesus Enrique Tubio Pereyra NAME STREET ADDRESS STREET ADDRESS 7646 Abbott CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Manager-Direc NAME NAME laria Andrea Fridmann Dupont STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ 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 trusted employeed to execute this report as required by Chapter 608, Florida Statutes. ve Tubio rereyra

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHO

Daytime Phone