

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000770

Entity Name: 5.6 NEWS, L.L.C.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

6880 ABBOTT AVE
#302
MIAMI, FL 33141

New Principal Place of Business:

1275 NE 133 ST
MIAMI, FL 33161

Current Mailing Address:

6880 ABBOTT AVE
#302
MIAMI, FL 33141

New Mailing Address:

1275 NE 133 ST
MIAMI, FL 33161

FEI Number: 65-1067378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREYRA, JESUS E T
6880 ABBOTT AVE
STE 302
MIAMI, FL 33141 US

Name and Address of New Registered Agent:

PEREYRA, JESUS E T
1275 NE 133 ST
MIAMI, FL 33161 US

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: JESUS E T PEREYRA

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PD () Delete
Name: PEREYRA, JESUS E T
Address: 6880 ABBOT AVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: DUPONT, MARIA A F
Address: 6880 ABBOTT AVE
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEREYRA, JESUS E T
Address: 1275 NE 133 ST
City-St-Zip: MIAMI, FL 33161

Title: MGRM (X) Change () Addition
Name: DUPONT, MARIA A F
Address: 1275 NE 133 ST
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PEREYRA, JESUS E T

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date