

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90217 039 ****50.00

DOCUMENT # L01000001171

1. Entity Name
MEDITERRANEAN COMMUNICATION LC



Principal Place of Business
**1221 BRICKELL AVE., SUITE 1100
MIAMI, FL 33131**

Mailing Address
**1221 BRICKELL AVE., SUITE 1100
MIAMI, FL 33131**

2. Principal Place of Business
1390 Brickell Ave.

3. Mailing Address
1390 Brickell Ave.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Miami - Florida

City & State
Miami - Florida

Zip Country
33131 USA

Zip Country
33131 USA

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1068916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AGRAMUNT, LUIS
1221 BRICKELL AVE., SUITE 1100
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Luis Agramunt

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Ave., Suite 200

City **Miami** **FL** Zip Code **33131**

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

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

Luis Agramunt

(NOTE: Registered Agent signature required when reinstating)

03/22/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
APARICIO, RICARDO
1221 BRICKELL AVENUE #1100
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**1390 Brickell Ave., Suite 200
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

RICARDO APARICIO

03/22/04 305-373.5802

Date

Daytime Phone #