
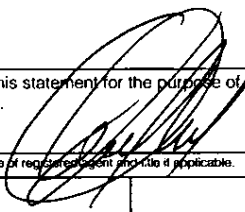
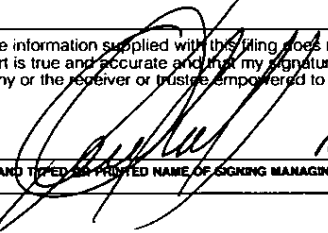


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90024 016 ****50.00

DOCUMENT # L01000001172 1. Entity Name PRODUCCIONES DEPORTIVAS LC					
Principal Place of Business 1390 BRICKELL AVE STE 200 MIAMI, FL 33131			Mailing Address 1390 BRICKELL AVE STE 200 MIAMI, FL 33131		
2. Principal Place of Business 1114 South Douglas Rd.		3. Mailing Address 1114 South Douglas Rd.			
Suite, Apt. #, etc. 6		Suite, Apt. #, etc. 6			
City & State Coral Gables, FL		City & State Coral Gables, FL			
Zip 33134		Country USA		Zip 33134	
Country USA		Country USA			
6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1390 BRICKELL AVE STE 200 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Luis Agramunt Street Address (P.O. Box Number is Not Acceptable) 1114 S. Douglas Rd., Suite 6 City Coral Gables FL Zip Code 33134		
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  LUIS AGRAMUNT 04/28/05 DATE <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL 1390 BRICKELL AVE STE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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:  R. WOODWARD (PM) 04/28/05 (301) 448-8027 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

20056413



04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1068917
Applied For
Not Applicable

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