LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED May 12, 2002 8:00 am Secretary of State DOCUMENT #L01000001199 1. Entity Name 05-12-2002 90589 045 ****55.00 SARMIENTO ADVERTISING GROUP, L.L.C. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 444 Brickell Avenue 444 Brickell Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite</u> 600 Suite 600 City & State City & State 4. FEI Number Applied For Miami, FL Miami, FL *52-22*97938 Not Applicable Zip Country Country \$5.00 Additional 33131 5. Certificate of Status Desired USA 33131 Fee Required 7. Name and Address of Current Registered Agent William G. Salim, Jr. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Fort Lauderdale this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . William G. Salim, Jr. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS MGRM TITLE STATE OF THE PARTY OF THE TITLE NAME Publicidad Sarmiento of South Florida STREET ADDRESS 444 Brickell Avenue, Suite 600 STREET ADDRESS CITY-ST-Z/P Miami, FL 33131 CITY ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME : STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE & 🗒 IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE TITLES ASTRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. TITLE TO SE NAME NAME

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.

STREET ADDRESS

CITY-ST-2IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING MANAGING MEMBER