2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L01000001199

Entity Name: SARMIENTO ADVERTISING GROUP, L.L.C.

Current Principal Place of Business:

444 BRICKELL AVE
STE 600
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

444 BRICKELL AVE
STE 600
MIAMI, FL 33131

New Mailing Address:

FEI Number: 52-2297938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VICTORIA, MARCOS G
444 BRICKELL AVE. SUITE 600
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	PUBLICIDAD SARMIENTO, OF SOUTH FLOR I DA INC.	
Address:	444 BRICKELL AVE, STE 600 INC.	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGRM	( ) Delete
Name:	SARMIENTO HOLDINGS I, NC.	
Address:	444 BRICKELL AVE. SUITE 600	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGR	( ) Delete
Name:	LAZARO, ALBO	
Address:	2900 S.W. 4TH AVE.	
City-St-Zip:	MIAMI, FL 33129	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: SARMIENTO HOLDINGS INC. MGRM 04/27/2004

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