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05-01-2003 90082 050 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001199

1. Entity Name

SARMIENTO ADVERTISING GROUP, L.L.C.									
Principal Plac	e of Business	Mailing Address			7				
444 BRICKELL AVE STE 600 MIAMI FL 33131		444 BRICKELL AVE STE 600 MIAMI FL 33131) 	80 101 (101) 10 11 10 11 10	III 88 111 81 194 115	BI (1811 181		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number	52-2297938			oplied For
Zip	Country	Zip	Country		5. Certificate of	Status Desired		00 Add	
6. Name and Address of Current Re		nt Registered Agent			7. Name and A	ddress of New Rec	gistered Ager	ıt	
CALINA MINISTRALO ID				Name	28 6 V.	otoria			
SALIM, WILLIAM G JR. 800 CORPORATE DR. STE 510 FORT LAUDERDALE FL 33334				Street Address (P.O. Box Number i	Shot Acceptable)	<u></u>		
	1.		!	City	^`		FL	Zip Code	9
8. The above the obligat	named en ity submits this statementions of registered agent.		•	ed office or register		in the State of Florid		9516 iar with,	and accept
SIGNATURE .	Signature, types or printed name of registered ag	ent and title if applicable. (NO	OTE: Registere	7. V \C\10(\) d Agent signature required	Men reinstating)		DATE	<u> </u>	
		Make Check Paya	ble to Flo	FEE IS \$50.00 orida Departme ay 1, 2003	nt of State				
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE MGRM		☐ Delete	TITLE	E				Change	Addition
NAME PUBLICIDAD SARMIENTO OF SC STREET ADDRESS 444 BRICKELL AVE, STE 600 INC			NAM STRE	E ET ADDRESS					
CITY-ST-ZIP MIAMI FL 33131			CITY-ST-						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E SACINET ADDRESS 444	niento Hold Brickell A Mi, FL 331	ingo.Inc. k. Suite6	00	Change	Addition
-TITLE		Deletè			VII.16 33.			Change -	Addition -
NAME		- Delete	NAM		200	>		onungo	JOS TILGUIS
STREET ADDRESS			STRE	ET ADDRESS					1
CITY-ST-ZIP			CITY	-ST-ZIP					_
TITLE	- 11	☐ Delete	TITLE	MGR	10700			Change	X Addition
NAME			NAM	E Alvo	s, Lazaro	<i>e</i> .			
STREET ADDRESS				ET ADDRESS 2100	MAH. W.C				
CITY-ST-ZIP				- T	ni, FL 3312	<u>~</u>		Chan	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME				Ц	Change	☐ Addition
STREET ADORESS				ET ADDRESS					Í
CITY-ST-ZIP				-ST-ZIP					ļ
TITLE	 	☐ Delete	TITLE	:				Change	Addition
NAME			NAM	E				-	
STREET ADDRESS			STRE	ET ADDRESS					

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

SIGNATURE: SIGNATURE AND TYPED OR

Daytime Phone #