


**- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000011075**  
 1. Entity Name  
**CONCEPT MEDIA, L.L.C.**



Principal Place of Business      Mailing Address  
**600 NE 36 STREET, STE. 204**      **600 NE 36 STREET, STE. 204**  
**MIAMI, FL 33145**      **MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**



04182005No Chg-LLC      CR2E083 (10/03)

4. FBI Number      Applied For  
**05-0525736**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**RUTENBERG, LUISA**  
**600 NE 36 STREET, STE. 204**  
**MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RUIZ, SILVINA A
STREET ADDRESS	600 NE 36 STREET, STE. 204
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	RUTENBERG, RICARDO
STREET ADDRESS	600 NE 36 STREET, STE. 204
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGR
NAME	RUTENBERG, LUISA
STREET ADDRESS	600 NE 36 STREET, STE. 204
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/02/05-80077-017 50.00

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: *Luisa Rutenberg*      4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #