


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

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



Principal Place of Business 600 NE 36 STREET, STE. 204 MIAMI, FL 33145	Mailing Address 600 NE 36 STREET, STE. 204 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



07052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0525736	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00
Due by September 14, 2007**

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

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07/10/07-80026-008 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **7/5/07** **305.438.9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #