


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 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



01242008 No Chg-LLC CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/12/08-80072-005-138.75

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