LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 12, 2002 8:00 am Secretary of State **DOCUMENT # L01000011122** 1. Entity Name 05-12-2002 90589 044 ****55.00 STREET FURNITURE OF BROWARD, L.L.C. DO NOT WRITE IN THIS SPACE 997857 2. Principal Place of Business 3. Mailing Address 444 Brickell Avenue 444 Brickell Avenue Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 600 Suite 600 City & State City & State 4. FEI Number Miami, FL Applied For Miami, FL 65-1157010 Not Applicable Zip Country Zip Country \$5.00 Additional 33131 5. Certificate of Status Desired USA 33131 USA Fee Required 7. Name and Address of Current Registered Agent DONOTWRITE Salim, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable).
No skowitz, Mandell, Salim & Simowitz, IN THIS SPACE 800 Corporate Drive, Suite 510 Fort Lauderdale purpope of changing its registered office or registered agent, or both, in the State of Florida. 4/26/02 SIGNATURE William G. Salim. Ir. FEE IS \$50.00% Make Check Payable to Department of State DUE BY MAY 1. 9. MANAGING MEMBERS/MANAGERS TITI F MGRM NAME Publicidad Sarmiento of South Florida, Inc. NAME TO THE STATE OF STREET ADDRESS 444 Brickell Avenue, Suite 600 STREET ADDRESS CITY+ST-ZIP Miami. FL 33131 CITY-ST-ZIP TITLE TITLES NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME ... STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP TITLE mie borge NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED