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LIMITED LIABILITY COMPANY

Apr 30, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L010000 11941 01-16-2002 90255 028 ****50.00 1. Entity Name 04-30-2002 90034 040 ****50.00 Pantin/JGR, L.L.C. 945810 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3361 S.W. 3rd Avenue 3361 S.W. 3rd Avenue Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Miami, FL City & State Miami, FL 4. FEI Number Applied For 59-1401652 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33145 USA 33145 Fee Required 7. Name and Address of Current Registered Agent Ivor J. Bamberger DO NOT WRITE Street Address (P.O. Box Number Is Not Acceptable) IN THIS SPACE 3361 S.W. 3rd Avenue ^{City} Mi<u>ami</u> FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable DATE Malo Glock Ryable to Pepaline in Clistate OVAMINED SE MANAGING MEMBERS/MANAGERS 9. MGR TITLE Beber, Silverstein & Partners Advertising, Inc. NAMÉ NAME 3361 S.W. 3rd Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33145 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DONOMAWRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-7IP CITY ST-ZÎP 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.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #