LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 30, 2002 8:00 am Secretary of State 01-16-2002 90244 012 ****50.00 **DOCUMENT#** 1-01000012041 2 04-30-2002 90034 042 ****50.00 1. Entity Name Beber/Silverstein Americas, L.L.C. 8 9 8 6 8 6 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3361 S.W. 3rd Avenue 3. Mailing Address 3361 S.W. 3rd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Miami, FL 4. FEI Number 59-1401652 City & State Miami, FL Applied For Not Applicable Zip 33145 Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33145 USA **USA** Fee Required 7. Name and Address of Current Registered Agent Îvor J. Bamberger DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 3361 S.W. 3rd Avenue ^{City} Miami zig \$145 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, typed or printed name of registered agent and title if applicable. DATE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS MGR TITLE TITLE Beber, Silverstein & Partners Advertising, Inc. NAME NAME 3361 S.W. 3rd Avenue STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Miami, FL 33145 CITY ST ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY ST ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITI F 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

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