2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90060 019 ****50.00

DOCUMENT # L01000014689

1. Entity Name
MENTAL MARXMEN MEDIA, L.L.C.

Principal Place of Business	Mailing Address
3800 INVERRARY BLVD # 101 A LAUDERHILL, FL 33319	P.O. BOX 16473 PLANTATION, FL 33318

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2801 NW 60 AVE.	"SAME"
Suite, Apt. #, etc. #145	Suite, Apt. #, etc.
City & State SUNRISE, FL.	City & State
Zip: 33313 Country: USA	Zip: Country:

4. FEI Number 43-1967952 — X Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SOLANA, CRISTINA
4750 NW 10 COURT #116
PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name: Cristina Solana
Street Address (P.O. Box Number is Not Acceptable): 2801 NW 60 AVENUE #145
City: SUNRISE FL Zip Code: 33313

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's signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SOLANA, CRISTINA 4750 NW 10 CT. # 116 PLANTATION, FL 33310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHIRLEY, ALICIA 11195 AEASO WAY SAN DIEGO, CA 92126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIVERA, MARTIN 4760 NW 10 CT PLANTATION, FL 33310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: Cristina Solana 04/30/03 786.586.3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #