FILED
Mar 26, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014888

1. Entity Name
IMAGINE MEDIA PRODUCTIONS, LLC

Principal Place of Business	Mailing Address
555 N.E. 15TH STREET, 7TH FLOOR MIAMI, FL 33132	555 N.E. 15TH STREET, 7TH FLOOR MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

02112004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1158490

☐ Applied For
☐ Not Applicable

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

6. *Name and Address of Current Registered Agent*

BASTO, CARLOS
555 N.E. 15TH STREET, 7TH FLOOR
MIAMI, FL 33132

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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)

Filing Fee is $50.00
Due by May 1, 2004

100000097024
03/26/04-80021-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BASTO, CARLOS
STREET ADDRESS	555 NE 15 ST #7726
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	MGR
NAME	MEYIA, DENNY S
STREET ADDRESS	555 NE 15 ST #7726
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 03/24/04 305 371 4845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #