

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000014888 1. Entity Name IMAGINE MEDIA PRODUCTIONS, LLC	
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Principal Place of Business 555 N.E. 15TH STREET, 7TH FLOOR MIAMI, FL 33132	Mailing Address 555 N.E. 15TH STREET, 7TH FLOOR MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE



02112004 No 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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

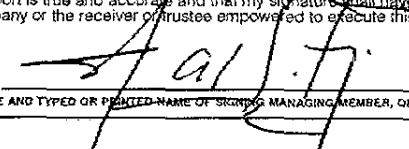
1000000097024
03/26/04-80021-015 50.00

9. MANAGING MEMBERS/MANAGERS

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

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/24/04 305 3711445
Date Daytime Phone #