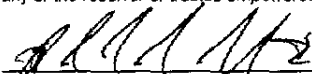


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016540 1. Entity Name MENEDIS INTERACTIVE, LLC		
Principal Place of Business 1408 BRICKELL BAY DR UNIT 103 MIAMI, FL 33131	Mailing Address 1408 BRICKELL BAY DR UNIT 103 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MENEDIS, PETER 1541 BRICKELL AVE #503 MIAMI, FL 33129		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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by September 8, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENEDIS II, PETER MGRM 1408 BRICKELL BAY DRIVE MIAMI, FL 33131	
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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		7/14/04 Date 843.278.0726 Daytime Phone #



07152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1149545

Applied For
Not Applicable

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

07/19/04-80004-003 50.00