MAR-2'-02 11:26 AM VANESA

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-27-2002 90086 031 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016836

1. Entity Name
GS ADVERTISING, L.L.C.

Principal Place of Business	Mailing Address
420 LINCOLN ROAD, SUITE 244 MIAMI BEACH FL 33139	420 LINCOLN ROAD, SUITE 244 MIAMI BEACH FL 33139

22194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17720 N Bay Rd Suite, Apt. #, etc. 6B	17720 N Bay Rd. Suite, Apt. #, etc. 6B
City & State Sunny Isles Beach	City & State Sunny Isles Beach
Zip 33160 Country	Zip 33160 Country

4. FEI Number
65-1147003 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TEMPKINS, HARRY ESQUIRE
420 LINCOLN ROAD, SUITE 244
MIAMI BEACH FL FL331-39

7. Name and Address of New Registered Agent

Name: Fernando Silva
Street Address (P.O. Box Number is Not Acceptable):
16300 NE 19 Ave
Suite C
City: North Miami Bch FL Zip Code: 33162

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: [signature] 2/15/02
Signature, Name of Individual and the capacity/relationship to the entity (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: OPERATING MANAGER ☑ Change ☐ Addition NAME: Vanessa Wowel STREET ADDRESS: 17720 N Bay Rd #6B CITY-ST-ZIP: Sunny Isles Bch FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: VICE-OPERATING MANAGER ☐ Change ☐ Addition NAME: Alessandra Grieco STREET ADDRESS: 19877 E Country Club Dr. 3/108 CITY-ST-ZIP: Aventura FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: DIRECTOR ☑ Change ☐ Addition NAME: Walter Grieco STREET ADDRESS: 17720 N Bay Rd #6B CITY-ST-ZIP: Sunny Isles Bch FL 33160
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (01/01)

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 REQUIRED 02/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #