

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90032 041 \*\*\*\*55.00

**DOCUMENT # L02000001186**

1. Entity Name  
**IFMEDIA, LLC**



Principal Place of Business  
**1295 YELLOWHEART WAY  
HOLLYWOOD, FL 33019**

Mailing Address  
**1295 YELLOWHEART WAY  
HOLLYWOOD, FL 33019**

**24046560**



2. Principal Place of Business  
**1990 SWEETBAY WAY**

3. Mailing Address  
**1990 SWEETBAY WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**04062004 Chg-LLC CR2E083 (10/03)**

City & State  
**HOLLYWOOD, FLORIDA**

City & State  
**HOLLYWOOD, FL 33019**

4. FEI Number  
**26-0053538**

Applied For  
Not Applicable

Zip  
**33019**

Country  
**USA**

Zip  
**33019**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERREYRA, ISABEL  
1295 YELLOWHEART WAY  
HOLLYWOOD, FL 33019**

Name  
**ISABEL FERREYRA**

Street Address (P.O. Box Number is Not Acceptable)

**1990 SWEETBAY WAY**

City  
**HOLLYWOOD**

FL

Zip Code  
**33019**

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 **Isabel Ferreyra**

**ISABEL FERREYRA MGRM**

**Apr 05, 2004**

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 May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FERREYRA, ISABEL  
1295 YELLOWHEART WAY  
HOLLYWOOD, FL 33019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FERREYRA, ISABEL  
1990 SWEETBAY WAY  
HOLLYWOOD, FL 33019** ☒ 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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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

**Isabel Ferreyra**