



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 15 AM 9:45

DOCUMENT # L02000004236					
<b>1. Entity Name</b> OMNI POINT MARKETING, LLC					
<b>Principal Place of Business</b> 6700 NORTH ANDREWS AVENUE SECOND FLOOR FORT LAUDERDALE, FL 33309			<b>Mailing Address</b> 6700 NORTH ANDREWS AVENUE SECOND FLOOR FORT LAUDERDALE, FL 33309		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
City & State		City & State		01262005    Chg-LLC    CR2E083 (10/03)	
Zip		Zip		4. FEI Number 41-2028433	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				<b>7. Name and Address of New Registered Agent</b> Name <u>Corporate Creations Network</u> Street Address (P.O. Box Number is Not Acceptable) <u>941 Fourth Street</u> City <u>MIAMI BEACH</u> FL    Zip Code <u>33139</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR		TITLE	Partner	
NAME	OMNI MEDIA, INC., A DELAWARE COMPANY		NAME	McCall & Estes Advertising	
STREET ADDRESS	6700 NORTH ANDREWS AVENUE, 2ND FLOOR		STREET ADDRESS	6700 N. Andrews Avenue, 2nd Floor	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	<input type="checkbox"/> Delete		TITLE	Partner	
NAME			NAME	Cobalt Holdings LLC	
STREET ADDRESS			STREET ADDRESS	2141 N. University Drive, #375	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <u>[Signature]</u> <u>Danielle Kaye</u>			Date: <u>6/30/05</u> Daytime Phone #: <u>954-202-6000</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
<u>[Signature]</u> <u>Robert Hill</u> <u>6-30-05</u> <u>954-202-6000</u>					