2004 LIMITED LIABILITY COMPANY

May 28, 2004 8:00 am Secretary of State **ANNUAL REPORT** 05-07-2004 90003 036 ***150.00 **DOCUMENT # L02000004408** NON-STOP TV, LLC Principal Place of Business Malling Address 333 S.W. 30 RD. #3 333 S.W. 30 RD. #3 MIAMI, FL 33129 MIAMI, FL 33129 04292004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 03-0405548 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEYVA Y, MARLÔN DO NOT WRITE 933 SW 30 RD #3 MIAMI, FL 33129 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 # applicable. (NOTE; Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM HRE NAME LEYVA, MARLON 333 S.W. 30 RD. #3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE city:si:ze IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. Thereby certify that the information supplied with this filling 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 enhousered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED

05-25-2004

Daytime Phone #