2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007054

1. Entity Name
DAL MEDIA, L.L.C.

Principal Place of Business	Mailing Address
900 BAY DR., STE 313 MIAMI BEACH, FL 33141	900 BAY DR., STE 313 MIAMI BEACH, FL 33141

01302004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1408559

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MESA, MANUEL A ESQUIRE
44 WEST FLAGLER STREET, SUITE 1575
MIAMI, FL 33130

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000095617
03/24/04-80040-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LONGO, DIEGO
STREET ADDRESS	900 BAY DR., STE 313
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	MGR
NAME	AINSTEIN, MARTIN
STREET ADDRESS	900 BAY DR., STE 313
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	MGR
NAME	COSTAS, ADRIAN
STREET ADDRESS	401 69 ST., #8G
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X MARTIN AINSTEIN, MGR. 3-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #