


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90349 009 ****50.00

DOCUMENT # L02000009844 1. Entity Name MAX WORLD NEWS, LLC	
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Principal Place of Business 3900 WOODLAKE BLVD., STE. 211 GREENACRES, FL 33463	Mailing Address 3900 WOODLAKE BLVD., STE. 211 GREENACRES, FL 33463
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24031842



03152004 No Chg-LLC

CR2E083 (10/03)

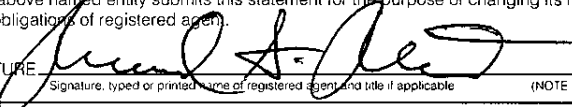
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4. FEI Number 16-1673793	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REIS, RONALD 3900 WOODLAKE BLVD., STE. 211 GREENACRES, FL 33463

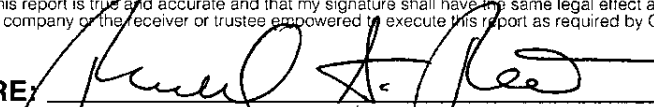
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>3-16-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REIS, RONALD 3900 WOODLAKE BLVD., STE. 211 GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOTZAMANIS, ANGELO 3900 WOODLAKE BLVD., STE. 211 GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>3-16-04</u> (561) 649-5980 <small>Daytime Phone #</small>