

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90274 035 ****50.00

DOCUMENT # L02000010356

1. Entity Name
HERNANDEZ MEDIA GROUP LLC



Principal Place of Business
**FIRST UNION FINANCIAL CENTER - SUITE 2000
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131**

Mailing Address
**FIRST UNION FINANCIAL CENTER - SUITE 2000
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131**

2. Principal Place of Business
**2699 S. Bayshore Dr.
Suite, Apt. #, etc. 7th Floor
City & State Miami, FL
Zip 33133 Country**

3. Mailing Address
**2699 S. Bayshore Dr.
Suite, Apt. #, etc. 7th Floor
City & State Miami, FL
Zip 33133 Country USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **46-0493343** Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARPER, GEORGE R ESQ
FIRST UNION FINANCIAL CENTER, SUITE 2000
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Corpro, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
**2699 S. Bayshore Drive, 7th Floor
City Miami FL Zip Code 33133**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE **4/22/03**

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HERNANDEZ, KEVIN A**
STREET ADDRESS **200 SOUTH BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Hernandez, Kevin A.**
STREET ADDRESS **2699 South Bayshore Dr., 7th Floor**
CITY-ST-ZIP **Miami, FL 33133**

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

TITLE ☐ Change ☐ Addition
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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 60B, Florida Statutes.

SIGNATURE: *Kevin Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

786.621.6290

Date Daytime Phone #

CR2E083 (10/02)