## 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. Entry Name HERNANDEZ MEDIA GROUP LLC					05-01-2003 902/4 03	13 ******3(	0.00	
Principal Place of Business  FIRST UNION FINANCIAL CENTER - SUITE 2000 200 SOUTH BISCAYNE BOULEVARD  MIANI, FL 33131		Mailing Address FIRST UNION FINANCIAL CENTER - SUITE 2000 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131			<b>.</b>	n <b>a</b> lam al <b>i la</b>		
2. Principal F	Place of Business	3. Mailing Address	Mailing Address					
	S. Baushone Dr.	2699 S. Bayshore Dr.				TIS BEILE IISE	11 BARR WAR	i
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES	1	
	Floor	71n Floor_					<u></u>	_
City & Sta		City & State  Miami FL			4. FEI Number	<u> </u>	pplied For	4
Miami, FL Zip Country		Miami, FL Zip Country			46-0493:843	. <u>— /~</u>	ot Applicable	-
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25(5)	6. Name and Address of Current	<del></del>	1	· <del>/-</del>	7. Name and Address of New Registered A	<u>_</u>	<u> </u>	1
LUADED OF DECE						<u>*</u>		1
HARPER, GEORGE R ESQ FIRST UNION FINANCIAL CENTER, SUITE 2000				Street Address (P.O. Box Number is Not Acceptable)				
200 SOUTH BISCAYNE BOULEVARD				Shidds Fundadas (F.O. Exx Inditiod is the Acceptable)				
MIAMI, FL	33131		Γ	2 (- 0 0	S & :	111	÷	7
				City	S. Bayshone onive,	Zip Cod	Floor	-
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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.								
					4/27	1.2		
SIGNATURE Sugature, typeu on printed name of registered agent and title if applicable. (NOTE: Progistered Agent signature required when reinstating)  CATE/								
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FILE NOW!!! FEE IS:\$50.00 Make Check Payable to Florida Department of State								
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11. I hereby o	certify that the information supplied with	this filing does not qualify for it	the exemp	ption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certi	y that the in	nformation	[
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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
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SIGNAT	URF: Nevin "	Hernan LE	2		786.62	1.62=	10	
SIGNATURE: 100 . 621. 6240  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGENER MANAGER OR AUTHORIZED REPRESENTATIVE Case Casyling Priorie 4								