

**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
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 2699 S. Bayshore Dr. Suite, Apt. #, etc. <u>7th Floor</u> City & State Miami, FL Zip 33133	Country USA	3. Mailing Address 2699 S. Bayshore Dr. Suite, Apt. #, etc. <u>7th Floor</u> City & State Miami, FL Zip 33133	Country USA
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4. FEI Number 46-0493343	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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  DATE **4/22/03**

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, KEVIN A 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hernandez, Kevin A. 2699 South Bayshore Dr., 7th Floor Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **786.621.6290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)