

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014050

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: INSTYLE PRODUCTIONS, L.L.C.

**Current Principal Place of Business:**

420 S DIXIE HWY  
SUITE 4-G  
CORAL GABLES, FL 33146

**Current Mailing Address:**

420 S DIXIE HWY  
SUITE 4-G  
CORAL GABLES, FL 33146

FEI Number: 27-0015696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

420 S DIXIE HWY  
SUITE 4-F  
CORAL GABLES, FL 33146

**New Mailing Address:**

420 S DIXIE HWY  
SUITE 4-F  
CORAL GABLES, FL 33146

**Name and Address of Current Registered Agent:**

JACOME, THERESA  
2506 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

JACOME, THERESA  
420 S. DIXIE HIGHWAY  
4-F  
CORAL GABLES, FL 33146 US

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.

SIGNATURE: THERESA JACOME

04/21/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JACOME, THERESA  
Address: 2506 PONCE DE LEON BLV.  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JACOME, THERESA  
Address: 420 S. DIXIE HIGHWAY 4-F  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THERESA JACOME

MGR

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date