

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017990

FILED
Jul 03, 2004
Secretary of State

Entity Name: MAD MARKETING SOLUTIONS, LLC

Current Principal Place of Business:

20533 BISCAYNE BOULEVARD BLDG 4 STE. 391
AVENTURA, FL 33180

New Principal Place of Business:

3370 NE 190TH ST
1704
AVENTURA, FL 33180

Current Mailing Address:

20533 BISCAYNE BOULEVARD BLDG 4 STE. 391
AVENTURA, FL 33180

New Mailing Address:

20533 BISCAYNE BOULEVARD
BLDG 4 STE. 391
AVENTURA, FL 33180

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FL
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

STEVEN, LEVY
21205 NE 37TH AVE.
304
AVENTURA, FL 33180 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: STEVEN LEVY

07/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LEVY, STEVEN
Address: 20533 BISCAYNE BOULEVARD BLDG 4 STE. 391
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: NEWLOVE, TONE
Address: 20533 BISCAYNE BOULEVARD BLDG 4 STE. 391
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN LEVY

MGR

07/03/2004

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