FILED
May 14, 2003 8:00 am
Secretary of State
04-16-2003 90038 033 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019841

1. Entity Name
PIXEL HOUSE MEDIA, LLC

44001587

Principal Place of Business	Mailing Address
1536 SW 138 CT MIAMI FL 33184	1536 SW 138 CT MIAMI FL 33184

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12676 NW 9 Terrace	12676 NW 9 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33182 Country: USA	Zip: 33182 Country: USA

4. FEI Number 11-3655145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, FRANCO S
1536 SW 138 CT
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name: Franco Valdes
Street Address (P.O. Box Number is Not Acceptable): 12676 NW 9 Terrace
City: Miami FL Zip Code: 33182

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] 04/02/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 VALDES, FRANCO S 1536 SW 138 CT MIAMI FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VALDES, FRANCO 12676 NW 9 Terrace Miami, FL 33182	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VALDES, SANDOR S 1536 SW 138 CT MIAMI FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VALDES, SANDOR 12676 NW 9 Terrace Miami, FL 33182	☒ Change ☐ Addition
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CR2E083 (10/02)

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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature] 04/02/03 305-228-9302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #