


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000021549  
 1. Entity Name  
 010 MEDIA, L.L.C.



|  |  |
|--|--|
| Principal Place of Business<br>6423 COLLINS AVE. #909<br>MIAMI, FL 33133 | Mailing Address<br>6423 COLLINS AVE. #909<br>MIAMI, FL 33133 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-LLC CR2E083 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>51-0430487                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 KOZLOWSKI, STEVEN R ESQ.  
 KOZLOWSKI LAW FIRM, P.A.  
 927 LINCOLN RD, SUITE 208  
 MIAMI BEACH, FL 33139

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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

U00000050297  
 02/16/04 80093-023 58.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KOZLOWSKI, STEVEN<br>6423 COLLINS AVE. #909<br>MIAMI BEACH, FL 33141 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** \_\_\_\_\_ **2/4/04 785-673-8980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #