2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021881

1. Entity Name EBU PUBLISHING, LLC

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE SUITE 1001

COCONUT GROVE, FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE SUITE 1001

COCONUT GROVE, FL 33133

FILED Apr 23, 2004 08:00 AM Secretary of State



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 48-1272453 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable.

VITIER, EBERTO A
C/O HIBOU MANAGEMENT, LLC
2665 SOUTH BAYSHORE DR., STE. 1001
COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its register	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.		

(NOTE, Registered Agent signature required when reinstating)

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

SIGNATURE.

U00000126972 04/23/04-80057-001 50.00

DATE

9. MANAGING MEMBERS/MANAGERS		A second of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUNCADELLA, AMADEO N 2665 SOUTH BAYSHORE DRIVE, STE 1001 COCONUT GROVE, FL 33133	y and card blopped and a second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VITIER, EBERTO A 2665 SOUTH BAYSHORE DRIVE, STE 1001 COCONUT GROVE, FL 33133	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. Ingreby certify that the information supplied with this illing does not quality for the exemption stated in Section 119.07(5)(f), related stated in 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: COEK-10
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

UITIER

13/04 230-9

Daytime Phone #