


05-02-2003 90582 039 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000025795			
1. Entity Name INTERNATIONAL MEDIA OF FLORIDA, LLC			
Principal Place of Business 7414 PRESCOTT LANE LAKE WORTH, FL 33467		Mailing Address 7414 PRESCOTT LANE LAKE WORTH, FL 33467	
2. Principal Place of Business 624 S. Military Tr. Suite, Apt. #, etc.		3. Mailing Address 624 S. Military Tr. Suite, Apt. #, etc.	
City & State WPB, FL		City & State WPB, FL	
Zip 33415		Zip 33415	
Country USA		Country USA	
4. FEI Number 71-0904294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OSPINA, JAMES 7414 PRESCOTT LANE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name: JAMES OSPINA Street Address (P.O. Box Number is Not Acceptable): 624 S. Military Tr. City: WPB FL Zip Code: 33415	
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: <i>James Ospina</i> DATE: 4/29/03			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGM OSPINA, James 624 S. Military Tr. WPB, FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGM Colman, Mirta H. 200 Paris Dr, Apt. 204 Palm Springs, FL 33461-1015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: <i>James Ospina</i>		Case # 561-304-3604	

CFR2003 (10/02)