2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State **DOCUMENT # L02000026201** 05-03-2004 90166 001 ***100.00 SPEÉD MEDIA LLC Principal Place of Business Mailing Address 388**P**UU P & 2127 BRICKELL AVENUE, STE. 3105 2665 S. BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 05-0538647 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, STE. 703 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33133 Citv Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Delete Change Addition JUNQUIERA, BRUNO NAME NAME 2665 S. BAYSHORE DRIVE, STE. 703 STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY-ST-7IP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME JUNQUIERA, DIANA NAME 2665 S. BAYSHORE DRIVE, STE. 703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CHY-ST-ZIP MGR MGR TITLE ■ Delete TITLE ☐ Change X Addition NAME LAZO, ALBERT J NAME Seuss, Stefan 2665 S. Bayshore D Miami, Florida 331 Drive, Suite 703 2665 S. BAYSHORE DRIVE, STE. 703 STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receive this report as required by Chapter 608, Florida Statutes.

4/29/04 (305) 858-9900

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED