

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90030 005 ****50.00

DOCUMENT # L02000031959

1. Entity Name

MIAMI RICH MEDIA INVESTORS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

930 Washington Ave

Suite, Apt. #, etc.

5th Floor

City & State
Miami BEACH Florida

Zip
33139

Country
USA

3. Mailing Address

930 Washington Ave

Suite, Apt. #, etc.

5th Floor

City & State
MIAMI Beach Florida

Zip
33139

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Richard wolfe

Street Address (P.O. Box Number is Not Acceptable)
ONE BISCAYNE Tower Suite 2400

2 south BISCAYNE Boulevard

City
MIAMI

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner BRAD L Krassner 930 Washington AVE 5 th Fl Miami Beach Florida 33139
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CR2E083B (12/02)

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]*

5/28/03

305 672 9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #