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Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90027 045 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005171

[redacted]

1. Entity Name
PINCH ADVERTISING, LLC

Principal Place of Business	Mailing Address
~~150 EAST PALMETTO PARK ROAD, SUITE #518~~ ~~BOCA RATON, FL 33432~~	~~150 EAST PALMETTO PARK ROAD, SUITE #518~~ ~~BOCA RATON, FL 33432~~

34004274

01082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1402 Bridgewood Rd	1402 Bridgewood Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON	City & State: BOCA RATON, FL
Zip: 33434 Country: Palm Beach	Zip: 33434 Country: Palm Beach

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERNARD, F
~~150 EAST PALMETTO PARK ROAD, SUITE #518~~
~~BOCA RATON, FL 33432~~

7. Name and Address of New Registered Agent

Name: F. BERNARD
Street Address (P.O. Box Number is Not Acceptable): 1402 Bridgewood Rd
City: BOCA RATON FL Zip Code: 33434

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: F. Bernard DATE: 4/5/04
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~BERNARD, F~~ ~~150 EAST PALMETTO PARK ROAD, SUITE #518~~ ~~BOCA RATON, FL 33432~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR F. BERNARD. 1402 Bridgewood Rd. BOCA RATON, FL 33434	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: F. Bernard — F. BERNARD   Date: 4/5/04   Daytime Phone #: 561 482-6154

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