


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90139 016 \*\*\*138.75

|   |   |
|---|---|
| <b>DOCUMENT # L03000009444</b>            |  |
| 1. Entity Name<br>DC MEDIA GRAPHICS, LLC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>1127 WASHINGTON AVE<br>MIAMI BEACH FL 33139 | Mailing Address<br>1127 WASHINGTON AVE<br>MIAMI BEACH FL 33139 |
|--|--|



|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>C/O J A D & COMPANY, P.A.<br>3400 CORAL WAY, 6TH FL. |
| City & State  | City & State<br>MIAMI, FLORIDA   |
| Zip<br>Country  | Zip<br>Country<br>33145 U.S.A.   |

1st MOORE CR2E083 (10/07)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>CHIN, FRANCIS JR.<br>1127 WASHINGTON AVE<br>MIAMI BEACH FL 33139 | 7. Name and Address of New Registered Agent<br>Name JORGE ANDRES DIAZ, C.P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>3400 CORAL WAY, STE. 601<br>City MIAMI, FL Zip Code 33145 |
|---|--|

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 J. A. Diaz / JORGE ANDRES DIAZ, C.P.A. 04/28/08  
(Signature, if not a director, must be registered agent and file if applicable) (NOTE: Registered Agent signature required when remaining) DATE

|   |  |
|---|--|
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/><b>After May 1, 2008, Fee Will Be \$538.75</b><br/><b>Make Check Payable to Florida Department of State</b></p> |  |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DEAN, MICHAEL<br>1127 WASHINGTON AVE<br>MIAMI BEACH FL 33139 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CHIN, FRANCIS R.<br>1127 WASHINGTON AVENUE<br>MIAMI BEACH, FLORIDA 33139-4611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MORALES, GUSTAVO A.<br>1127 WASHINGTON AVENUE<br>MIAMI BEACH, FLORIDA 33139-4611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BARAAD KONING, ANDRE<br>1127 WASHINGTON AVENUE<br>MIAMI BEACH, FLORIDA 33139-4611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 119, 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] / MICHAEL A. DEAN 04/28/08 (305) 673-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #