

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021226

FILED
Jul 05, 2004
Secretary of State

Entity Name: BROADCAST PARTNERS LLC

Current Principal Place of Business:

600 GRAPETREE DRIVE, APT. 10CS
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

600 GRAPETREE DRIVE, APT. 10CS
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 14-1887546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: BEECK, RODOLFO
Address: 600 GRAPETREE DRIVE, APT. 10CS
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: TRIAY, MIGUEL
Address: 600 GRAPETREE DRIVE, APT. 10CS
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: STOLLENWERCK, RICHARD
Address: 600 GRAPETREE DRIVE, APT. 10CS
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MIGUEL TRIAY

MGR

07/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date