

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027646

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: CORPUS 38, LLC

**Current Principal Place of Business:**

ONE SE THIRD AVENUE, SUITE 1450  
LEIBOWITZ & ASSOCIATES, P.A.  
MIAMI, FL 33131

**New Principal Place of Business:**

7500 NW 72ND AVENUE  
MIAMI, FL 33166

**Current Mailing Address:**

ONE SE THIRD AVENUE, SUITE 1450  
LEIBOWITZ & ASSOCIATES, P.A.  
MIAMI, FL 33131

**New Mailing Address:**

7500 NW 72ND AVENUE  
MIAMI, FL 33166

FEI Number: 25-1906784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEIBOWITZ, MATTHEW  
ONE SE THIRD AVENUE, SUITE 1450  
LEIBOWITZ & ASSOCIATES, P.A.  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

BEHAR, ROBERT  
7500 NW 72ND AVENUE  
MIAMI, FL 33166 US

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: ROBERT BEHAR

04/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BEHAR, ENRIQUE  
Address: ONE SE THIRD AVENUE, SUITE 1450  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BELA BROADCASTING, L, LC  
Address: 7500 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33166

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: ROBERT BEHAR

MGR

04/19/2005

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