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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -3 PM 3:51
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05/11/04

DOCUMENT # L03000030905

1. Entity Name
OPEN MEDIA, LLC

Principal Place of Business	Mailing Address
1725 MAIN ST., STE. 209 WESTON, FL 33326	1725 MAIN ST., STE. 209 WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
7082 NW 50 STREET	2121 PONCE DE LEON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 240
City & State MIAMI, FLORIDA	City & State CORAL GABLES, FLORIDA
Zip 33166 Country	Zip 33134 Country

04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0162885
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ILEANA ARIAS TOVAR, ESQ
ARIAS TOVAR & ASSOC, PA-WESTON TOWN CENTER
1725 MAIN ST, STE 209
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name
PRATS, GABRIEL
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD
SUITE 240
City
CORAL GABLES FL Zip Code 33134

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 _____ DATE
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 REBOLLO, SHIRLEY R 1725 MAIN ST., STE. 209 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REBOLLO, SHIRLEY R. 2121 PONCE DE LEON BLVD. N.240 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUERRA, DANIEL 1725 MAIN ST., STE. 209 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUERRA, DANIEL 2121 PONCE DE LEON BLVD., N.240 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BECERRA, ALEJANDRO 2121 PONCE DE LEON BLVD. N.240 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: JULIO A. BECERRA 4-05-04 305-444-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #