## 05 LIMITED LIABILITY COMPANY ANNUAL REPORT

IENT # L03000031129

BROS. PUBLICATIONS NEW MEDIA, LLC

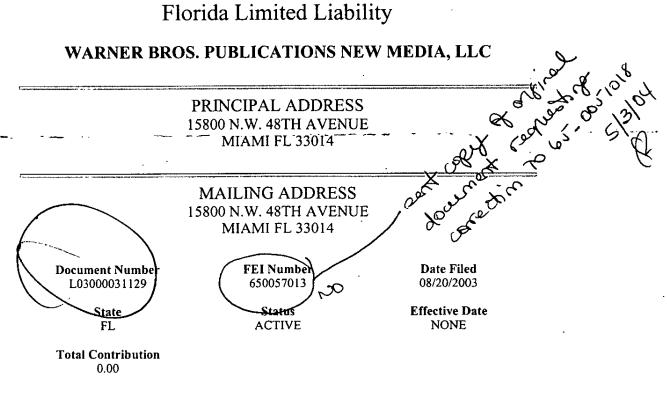


FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90191 001 \*\*\*150.00

\$11		•	100.						
	e of Business 48TH AVENUE 3014	Mailing Address 15800 N.W. 48TH AVENUE MIAMI, FL 33014		65-0051318000016					
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01052005	Chg-LLC	CR2E083 (10		
City & Stat	e	City & State			4. FEI Numb	٠ + + +	01122000 (112	Applied	
Zip Country		Zip	Country		5. Certificate of Status Desired 55.00 Additional				
	TRENAME and Address of Current	Registered Agent	· •				Fee He	equired	
CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736					7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable)				
, , , , , ,			City	FL Zip Code					
the obligat	named entity submits this statement for ions of registered agent.  Signature, sped or printed name of registered agent a litting Fee Is \$50.00 ue by May 1, 2005		Registered Agent signat			Make (	DATE Check payable Department of	e to	
9	MANAGING MEMBE	201141140520	• •	<u></u>		155171511515			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR ANTON, FRED S 15800 NW 48TH AVE. MIAMI, FL 33014	∑ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	1580	N, DAVI	48th Avenue	☐ Ch	ange [ <b>Ž</b> i≉	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDERS, TIM 15800 NW 48TH AVE MIAMI, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mlam	i, FL	33014	Ch	ange 🗍 A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Ch	inge 🔲 A	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Ch	inge 🔲 A	Addition
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and billity company or the receiver of trustee	this filing does not qualify for the that my signature shall have the empowered to execute this re	ne exemption sta e same legal effe port as required	ted in Sec ect as if ma by Chapte	ction 119.07(3) ade under oatt er 608, Florida	(i), Florida Statutes. I fu n; that,I am a managing Statujes. H 05	rther certify that g member or ma	the informa nager of the	ition .
J. W. 1771	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OR AUTHORIZED	D REPRESEN	(TATIVE	Date	Daytime Phi	one #	<del></del>



## Florida Limited Liability



## Registered Agent

## Name & Address CFRA, LLC ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BLVD. TAMPA FL 33601-3239

Manager/Member Detail

Name & Address	Title		
ANTON, FRED S 15800 NW 48TH AVE.	MGR		
MIAMI FL 33014  LANDERS, TIM			
15800 NW 48TH AVE	MGR		
MIAMI FL 33014			