


FILED  
May 20, 2004 8:00 am  
Secretary of State

05-06-2004 90001 009 \*\*\*\*50.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L03000039403</b>			
1. Entity Name <b>MEDIA HOLDINGS LLC</b>			
Principal Place of Business <b>C/O MALLAH, FURMAN &amp; COMPANY, P.A. 1001 BRICKELL BAY DR., STE. 1400 MIAMI, FL 33131</b>		Mailing Address <b>C/O MALLAH, FURMAN &amp; COMPANY, P.A. 1001 BRICKELL BAY DR., STE. 1400 MIAMI, FL 33131</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-0678208</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD. #221E PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (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 PURPLE REIGNS LTD. 1001 BRICKELL BAY DR, STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Dennis D. Mann, CPA</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		5/7/04 3653716240 Date Daytime Phone #	