

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044985

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: WORLD WAVES COMMUNICATIONS, LLC

## Current Principal Place of Business:

1314 N DIXIE HWY  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

18901 N. E. 29 AVE  
SUITE 100  
AVENTURA, FL 33180

## Current Mailing Address:

1314 N DIXIE HWY  
HOLLYWOOD, FL 33020

## New Mailing Address:

18901 N.E. 29 AVE  
SUITE 100  
AVENTURA, FL 33180

FEI Number: 20-0317336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIENVOLD, MICHAEL ESQ  
18901 NE 29TH AVE, STE 100  
AVENTURA, FL 33180

## 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 ( ) Delete  
Name: GELARDINI, MARCO  
Address: 1314 N DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete  
Name: SHIENVOLD, MICHAEL  
Address: 18901 NE 29TH AVE, STE 100  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GELARDINI, MARCO  
Address: 755 MOSS MILL ROAD  
City-St-Zip: HAMMONTON, NJ 08037

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

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: MICHAEL PAUL SHIENVOLD

MGR

04/28/2004

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