

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045269

FILED  
Jul 27, 2004  
Secretary of State

Entity Name: TOP TEN MEDIA LLC

**Current Principal Place of Business:**

5347 S.W. 34TH WAY  
HOLLYWOOD, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

5347 S.W. 34TH WAY  
HOLLYWOOD, FL 33312

**New Mailing Address:**

FEI Number: 11-3708228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLFE, RICHARD  
550 BRICKELL AVE.  
PENTHOUSE  
MIAMI, FL 33131 US

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: GOMEZ, LEON  
Address: 5347 SW 34 WAY  
City-St-Zip: HOLLYWOOD, FL 33312

Title: MGR ( ) Change (X) Addition  
Name: ROJAS, ANTHONY  
Address: 16478 NE 27 PLACE  
City-St-Zip: NMB, FL 33160

Title: MGR ( ) Change (X) Addition  
Name: CONSULTING INTERNATI, ONAL INVESTMEN T S BBD,  
Address: 12950 NE MIAMI CT.  
City-St-Zip: N. MIAMI, FL 33160

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: LEON GOMEZ

MGRM

07/27/2004

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