

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-15-2004 90433 027 ****50.00

DOCUMENT # L03000046128 1. Entity Name GATROU MEDIA, LLC																							
Principal Place of Business 2521 COUNTRY CLUB PRADO CORAL GABLES, FL 33134 US		Mailing Address 2521 COUNTRY CLUB PRADO CORAL GABLES, FL 33134 US																					
2. Principal Place of Business 5201 BLUE LAGOON DR. Suite, Apt. #, etc. PH SUITE 979 City & State MIAMI, FL Zip 33126		3. Mailing Address 5201 BLUE LAGOON DR. Suite, Apt. #, etc. PH SUITE 979 City & State MIAMI, FL Zip 33126																					
4. FEI Number APPLIED FOR		Applied For ☐ Not Applicable																					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02112004 Chg-LLC CR2E083 (10/03)																					
6. Name and Address of Current Registered Agent ARMAS, ANGEL 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) Signature, typed or printed name of registered agent and title if applicable																							
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>GATROU GROUP, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2521 COUNTRY CLUB PRADO</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>		TITLE	MGRM	☐ Delete	NAME	GATROU GROUP, LLC		STREET ADDRESS	2521 COUNTRY CLUB PRADO		CITY-ST-ZIP	CORAL GABLES, FL 33134		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5201 BLUE LAGOON DR., PH. #979</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33126</td> </tr> </table>		TITLE	☒ Change ☐ Addition	NAME		STREET ADDRESS	5201 BLUE LAGOON DR., PH. #979	CITY-ST-ZIP	MIAMI, FL 33126
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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: <i>Maria T. Salas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3-6-04 305-669-8817 Date Daytime Phone #																					