

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90107 004 ****50.00

DOCUMENT # L03000053919 1. Entity Name SOJO MARKETING & MEDIA, LLC					
Principal Place of Business 1975 E. SUNRISE BLVD. SUITE 524 FT. LAUDERDALE, FL 33304			Mailing Address 1975 E. SUNRISE BLVD. SUITE 524 FT. LAUDERDALE, FL 33304		
2. Principal Place of Business 12100 N.E 16th Ave		3. Mailing Address 12100 NE 16th Ave			
Suite, Apt. #, etc. Suite 111		Suite, Apt. #, etc. Suite 111			
City & State North Miami, Florida		City & State North Miami, Florida		4. FEI Number 01-0790907	
Zip 33161		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TERBOSS, SONIA M. 1975 E. SUNRISE BLVD. 524 FT. LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Terboss, Sonia M. Street Address (P.O. Box Number is Not Acceptable) 12100 N.E 16th Ave Suite 111 City North Miami FL Zip Code 33161			
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 2/20/05 Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERBOSS, SONIA M. 1975 E. SUNRISE BLVD., SUITE 524 FT. LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Terboss, Sonia M 12100 NE 16th Ave - Suite 111 North Miami, FL 33161	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERBOSS, JOHN A 1975 E. SUNRISE BLVD., SUITE 524 FT. LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Terboss, John A 12100 NE 16th Ave - Suite 111 North Miami, FL 33161	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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:			2/20/05 305 892-0066 Date Daytime Phone #		