

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003665

FILED  
Jul 21, 2005  
Secretary of State

Entity Name: SILVERCAST MARKETING, LLC

## Current Principal Place of Business:

6039 COLLINS AVE., SUITE 1215  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

6039 COLLINS AVENUE  
1715  
MIAMI BEACH, FL 33140

## Current Mailing Address:

6039 COLLINS AVE  
SUITE 1715  
MIAMI BEACH, FL 33140

## New Mailing Address:

FEI Number: 20-0597822      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CASTILLO, JHOBANNA  
8444 NW 141ST TERRACE #3902  
MIAMI, FL 33016 US

## Name and Address of New Registered Agent:

DIXON, VERLENE  
6039 COLLINS AVENUE  
1715  
MIAMI BEACH, FL 33140 US

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: VERLENE DIXON

07/21/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DXON, VERLENE  
Address: 6039 COLLINS AVE # 1715  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: CASTILLO, JHOBANNA  
Address: 8444 NW 141ST TERRACE # 3902  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DIXON, VERLENE  
Address: 6039 COLLINS AVENUE, #1715  
City-St-Zip: MIAMI BEACH, FL 33140

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: VERLENE DIXON

RA

07/21/2005

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