

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000011614

FILED
Feb 08, 2008
Secretary of State

Entity Name: NUEVAS ESTRETEGIAS MULTIMEDIALES AMERICANAS LTD. CO.

Current Principal Place of Business:

4601 SHERIDAN ST.
SUITE 401
HOLLYWOOD, FL 33021

New Principal Place of Business:

1904 S. OCEAN DR.
TS204
HALLANDALE, FL 33009

Current Mailing Address:

4601 SHERIDAN ST.
SUITE 401
HOLLYWOOD, FL 33021

New Mailing Address:

1904 S. OCEAN DR.
TS204
HALLANDALE, FL 33009

FEI Number: 20-0908593 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BARTHE & LEIGH LLP
2455 E. SUNRISE BLVD, STE 602
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

GUTTIERES, PHILPPE
1904 S. OCEAN DR.
TS204
HALLANDALE, FL 33009 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: PHILLIPE GUITTERES

02/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDITORIAL MANAGER CO, RP.
Address: 4601 SHERIDAN ST, #401
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDITORIAL MANAGER CO, RP.
Address: 1904 S. OCEAN DR. #TS204
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHILLIPE GUTTIERES

MGR

02/08/2008

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