2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036113

Name:

Address:

City-St-Zip:

SALAZAR, DALIA

MIAMI, FL 33186

13205 S.W. 137TH AVENUE, SUITE 229

Entity Name: LATINCLIPS PRESS, LLC

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13205 S.W. 137TH AVENUE, SUITE 229 MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 2601 SOUTH BAYSHORE DRIVE, SUITE 600 C/O ATER REGISTERED AGENTS, LLC COCONUT GROVE, FL FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE, SUITE 600 COCONUT GROVE, FL 33133 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete TRAINOR, JOHN Name: Name: 500 N. MICHIGAN AVENUE, SUITE 300 Address: Address: City-St-Zip: CHICAGO, IL 60611 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: TRAINOR, JANINE Name: Address: 500 N. MICHIGAN AVENUE, SUITE 300 Address: City-St-Zip: CHICAGO, IL 60611 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CLAVIJO-KISH, CHRISTINE Name: Name: 13205 S.W. 137TH AVENUE, SUITE 229 Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN TRAINOR MGR 04/29/2005