## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000036113

Entity Name: LATINCLIPS PRESS, LLC

16300 NE 19TH AVE. SUITE 231

NO MIAMI BEACH, FL 33162

Address:

City-St-Zip:

FILED Apr 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16300 NE 19TH AVE. SUITE 231 NO MIAMI BEACH, FL 33162 **New Mailing Address: Current Mailing Address:** 16300 NE 19TH AVE. SUITE 231 NO MIAMI BEACH, FL 33162 FEI Number: 20-1130732 FEI Number Applied For ( ) 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 CEL REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE, SUITE 600 2601 SOUTH BAYSHORE DRIVE, SUITE 700 COCONUT GROVE, FL 33133 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: SANTIAGO ELJAIEK, MANAGER 04/24/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () 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: Address: 16300 NE 19TH AVE SUITE 231 Address: City-St-Zip: NO MIAMI BEACH, FL 33162 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: SALAZAR, DALIA Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: JOHN TRAINOR MGR 04/24/2007