

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-19-2005 90027 027 ****55.00

DOCUMENT # L04000061070 1. Entity Name JR MEDIA GROUP L.L.C.					
Principal Place of Business 5511 NW 112 AVE., #111 MIAMI, FL 33178			Mailing Address 5511 NW 112 AVE., #111 MIAMI, FL 33178		
2. Principal Place of Business <i>S/A</i>			3. Mailing Address <i>S/A</i>		
Suite, Apt. #, etc. <i>S/A</i>			Suite, Apt. #, etc. <i>S/A</i>		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 11-3725914	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ESCASENA, JORGE R 5511 NW 112 AVE., #111 MIAMI, FL 33178				7. Name and Address of New Registered Agent Name: <i>Jorge</i> Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
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	MGR ESCASENA, JORGE R 5511 NW 112 AVE., #111 MIAMI, FL 33178	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <i>4/10/05</i> Daytime Phone #		