






2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90602 001 ***100.00

DOCUMENT # L04000070557 1. Entity Name NEWSLINK OF SOUTH FLORIDA, LLC					
Principal Place of Business 6910 N.W. 12TH STREET MIAMI, FL 33126			Mailing Address 6910 N.W. 12TH STREET MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">30001611</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> 01112005 Chg-LLC CR2E083 (10/03) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="font-size: 18px; font-weight: bold;">20-1727162</div>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<div style="font-size: 24px; font-weight: bold;">30001611</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> 01112005 Chg-LLC CR2E083 (10/03) </div>	
6. Name and Address of Current Registered Agent KAYAL, RAYMOND J JR. 6910 N.W. 12TH STREET MIAMI, FL 33126					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		<div style="font-size: 24px; font-weight: bold;">30001611</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> 01112005 Chg-LLC CR2E083 (10/03) </div>	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEWSLINK GROUP, LLC 6910 N.W. 12TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES				<div style="font-size: 24px; font-weight: bold;">30001611</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> 01112005 Chg-LLC CR2E083 (10/03) </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Raymond J. Kayal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<div style="display: flex; justify-content: space-between;"> 3-3-05 305-594-5254 </div> <small>Date Daytime Phone #</small>	