


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 18, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L05000002119</b><br>1. Entity Name<br>MEXISPORT MEDIA, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>8545 SW 152 AVE SUITE 197<br>MIAMI, FL 33193 | Mailing Address<br>8545 SW 152 AVE SUITE 197<br>MIAMI, FL 33193 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

05042007 No Chg-LLC CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-2140632                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

PAZCABRALES, MIGUEL G  
8545 SW 152 AVE SUITE 197  
MIAMI, FL 33193

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

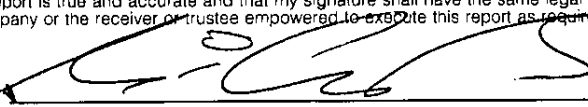
U000000765038  
05/31/07-80023-015 50.00

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PAZCABRALES, MIGUEL G<br>8545 SW 152 AVE SUITE 197<br>MIAMI, FL 33193 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PAZ, MIGUEL A<br>8545 SW 152 AVE SUITE 197<br>MIAMI, FL 33193         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BRONDO, GLORIA<br>8545 SW 152 AVE SUITE 197<br>MIAMI, FL 33193        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**  **5/4/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #