

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90038 013 ****55.00

DOCUMENT # L05000006768

1. Entity Name
MEDIA POINT, LLC



Principal Place of Business
9421 EASTER RD
MIAMI, FL 33157 US

Mailing Address
9421 EASTER RD
MIAMI, FL 33157 US



2. Principal Place of Business

900 SW 8 ST #1204

3. Mailing Address

Same

Suite, Apt. #, etc.

#1204

Suite, Apt. #, etc.

01142006 Chg-LLC CR2E083 (11/05)

City & State

MIAMI FL

City & State

4. FEI Number

20-2198779

Applied For

Not Applicable

Zip

33130

Country

US

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, ADRIANA
9421 EASTER RD.
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

900 SW 8 STREET STE 1204

City

MIAMI FL 33130

FL

Zip Code

33130

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

Adriana Salazar

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/06

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SALAZAR, ADRIANA	
STREET ADDRESS	9421 EASTER RD.	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	DE LEON, YANERY	
STREET ADDRESS	9421 EASTER	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 SW 8 ST #1204	
STREET ADDRESS	MIAMI FL 33130	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Adriana Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/8/06

Date

Daytime Phone #