

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90001 049 ***100.00

DOCUMENT # L05000028840 1. Entry Name EL PUMA TELEVISION, LLC					
Principal Place of Business 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134			Mailing Address 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20 3103225	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FABRE, FRANK R. S. ESQ. 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title is acceptable) (Typed or printed name of registered agent required when not acceptable)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUPERTI MANAGEMENT LLC 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.					
SIGNATURE: Wilmer Ruperti 5/30/06 305-446-3266 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					