2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033513

FIORE, MERCEDES

389 COLONIAL AVENUE

MARCO ISLAND, FL 34145

Name:

Address:

City-St-Zip:

Entity Name: LA TELE LATINA, LLC

FILED Aug 31, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Pl	New Principal Place of Business:	
1200 NW 78TH AVE 104 MIAMI, FL 33126			389 COLONIAL AVE MARCO ISLAND, FL 34145	
Current Mailing Address:		New Mailing Add	New Mailing Address:	
1200 NW 78TH AVE 104 MIAMI, FL 33126			389 COLONIAL AVE MARCO ISLAND, FL 34145	
In accordan	: 59-3802758 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent) Certificate of Status Desired () notice. ss of New Registered Agent:	
1840 SW 2 4TH FLOC MIAMI, FL The above	OR 33145 US named entity submits this statement for t	he purpose of changing its regis	tered office or registered agent, or both	
	e of Florida.		g g .	
SIGNATU	RE: ALEXANDER FIORE Electronic Signature of Registered	Agent	 Date	
MANACING I	g g	•		
Title: Name: Address: City-St-Zip:	MEMBERS/MANAGERS: MGR () Delete FIORE, MERCEDES 389 COLONIAL AVENUE MARCO ISLAND, FL 34145	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete FIORE, ALEXANDER A 389 COLONIAL AVENUE MARCO ISLAND, FL 34145	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete FIORE, ALEXANDER A 389 COLONIAL AVENUE MARCO ISLAND, FL 34145	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXANDER A. FIORE CEO 08/31/2009