

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054070

FILED
Aug 09, 2006
Secretary of State

Entity Name: CATALYST MEDIA SOLUTIONS LLC

Current Principal Place of Business:

1324 EUCLID AVENUE, SUITE 5
MIAMI BEACH, FL 33139

New Principal Place of Business:

1324 EUCLID AVENUE
SUITE 5
MIAMI BEACH, FL 33139

Current Mailing Address:

1324 EUCLID AVENUE, SUITE 5
MIAMI BEACH, FL 33139

New Mailing Address:

1324 EUCLID AVENUE
SUITE 5
MIAMI BEACH, FL 33139

FEI Number: 20-2981973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YVANES, MARC C
Address: 1324 EUCLID AVENUE, SUITE 5
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST () Delete
Name: YVANES, MARC C
Address: 1324 EUCLID AVENUE, SUITE 5
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARC YVANES

MGR

08/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date