

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90037 029 ****50.00

DOCUMENT # L06000047023					
1. Entity Name SUPERSPORT MEDIA LLC					
Principal Place of Business 7460 SW 70 TER MIAMI, FL 33143 US			Mailing Address 28 WEST FLAGLER STREET SUITE 305 MIAMI, FL 33130 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08312007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 72-161-6369				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAZQUEZ, CARMEN 7460 SW 70 TER. MIAMI, FL 33143 			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 8/31/07		
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEYDARI, KEYVAN 1508 BAY ROAD, #1431 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAZQUEZ, CARMEN 7460 SW 70 TER MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYVAN HEYDARI 900 BAY DR. #1025 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAZQUEZ, CARMEN 7460 SW 70 TER MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYVAN HEYDARI 900 BAY DR. #1025 MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAZQUEZ, CARMEN 7460 SW 70 TER MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYVAN HEYDARI 900 BAY DR. #1025 MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:			DATE 9/1/07 305 776 2100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					