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Secretary of State
05-16-2007 90176 003 ****50.00

30012836

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000071153

1. Entity Name
OD-LB ENTERPRISES, LLC

Principal Place of Business	Mailing Address
404 WASHINGTON AVENUE, STE. 650 MIAMI BEACH, FL 33139	404 WASHINGTON AVENUE, STE. 650 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3331438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POWERS, JERRY 404 WASHINGTON AVENUE, STE. 650 MIAMI BEACH, FL 33139	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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
Title / Name / Street Address / City-St-Zip	Ocean Drive Media Group 404 Washington Ave Miami Beach FL 33139 ☐ Delete	Title / Name / Street Address / City-St-Zip	MGRM ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	Lana Bernstein 404 Washington Ave Miami Beach, FL 33139 ☐ Delete	Title / Name / Street Address / City-St-Zip	MGRM ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	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 exemption 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Date

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