

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102853

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: BRAINSWITCH ADVERTISING LLC

**Current Principal Place of Business:**

4141 NAUTILUS DRIVE SUITE 8C  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

121 SW 68TH AVE.  
MIAMI, FL 33144

**Current Mailing Address:**

121 SW 68TH AVE.  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 20-5887618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REMENTERIA, JOSE LUIS  
121 SW 68TH AVE.  
MIAMI, FL 33144      US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete  
Name: SASSOON, JACK  
Address: 4141 NAUTILUS DRIVE SUITE 8C  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM (X) Delete  
Name: REMENTERIA, JOSE LUIS  
Address: 121 SW 68TH AVE.  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REMENTERIA, JOSE LUIS  
Address: 121 SW 68TH AVE.  
City-St-Zip: MIAMI, FL 33144

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: REMENTERIA JOSE LUIS

MGRM

03/29/2007

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