

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010631

Entity Name: MYHUBTV, LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

2672 SW 118 CT
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

2672 SW 118 CT
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-8358610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL AMO, CARLOS L
15190 SW 136 ST, STE 6
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

DEL AMO, CARLOS L
2672 SW 118 COURT
MIAMI, FL 33175 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: CARLOS DEL AMO

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEL AMO, CARLOS L
Address: 2672 SW 118 CT
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: DEL AMO, GIELLE ALICIA B
Address: 2672 SW 118 CT
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEL AMO, CARLOS L
Address: 2672 SW 118 CT
City-St-Zip: MIAMI, FL 33175

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

Title: MGR () Change (X) Addition
Name: JUAN, VELEZ
Address: 11767 S DIXIE HWY #264
City-St-Zip: PINECREST ,, FL 33156

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.

SIGNATURE: CARLOS DEL AMO

MGMR

04/27/2008

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