

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002356

FILED
Apr 27, 2012
Secretary of State

Entity Name: GROUP COMMUNICATIONS CARIBBEAN LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1880 NE 158 ST
N MIAMI BEACH, FL 331625744

New Principal Place of Business:

Current Mailing Address:

1880 NE 158 ST
N MIAMI BEACH, FL 331625744

New Mailing Address:

FEI Number: 26-2938511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTLER, NEVILLE E
1880 NE 158 ST
N MIAMI BEACH, FL 331625744 US

Name and Address of New Registered Agent:

BUTLER, NEVILLE E MR
1880 NE 158 ST
N MIAMI BEACH, FL 331625744 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: NEVILLE E BUTLER

04/27/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BUTLER, NEVILLE E MR
Address: 1880 NE 158 ST
City-St-Zip: N MIAMI BEACH, FL 331625744

Title: MGRM
Name: SENHOUSE, MAX E MR
Address: 110 EASTERN MAIN RD
City-St-Zip: TUNAPUNA, TRINIDAD, WI

Title: MGRM
Name: CHATTERS, DOMINIQUE R MRS
Address: 12713 WENSLEY LANE
City-St-Zip: CHESTER, VA 23831

Title: MGRM
Name: WILSON-BUTLER, JENETHA MRS
Address: 1880 NE 158 ST
City-St-Zip: N MIAMI BEACH, FL 331625744

Title: MGRM
Name: HALL, NICHOLE MRS
Address: 2 FAIRWAY AVENUE
City-St-Zip: KINGSTON, 10 JAMAICA WI

Title: DIR
Name: BUTLER, NEVILLE W MR
Address: 1769 SEWARD AVENUE
City-St-Zip: BRONX, NY 10473 US

I hereby 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: NEVILLE E BUTLER

MGRM

04/27/2012

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