

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016815

Entity Name: LATITUDE 34 MEDIA, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2451 BRICKELL AVENUE
11-M
MIAMI, FL 33129

New Principal Place of Business:

3140 OHIO ST
MIAMI, FL 33133 US

Current Mailing Address:

2451 BRICKELL AVENUE
11-M
MIAMI, FL 33129

New Mailing Address:

3140 OHIO ST
MIAMI, FL 33133 US

FEI Number: 42-1756423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REPUPILLI, CARINA A
2451 BRICKELL AVENUE
11-M
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

REPUPILLI, CARINA A
3140
MIAMI, FL 33133 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: CARINA A. REPUPILLI

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REPUPILLI, CARINA A
Address: 2451 BRICKELL AVENUE, #11-M
City-St-Zip: MIAMI, FL 33129

Title: MGRM () Delete
Name: DEIROS, SEBASTIAN A
Address: 2451 BRICKELL AVENUE, #11-M
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REPUPILLI, CARINA A
Address: 3140 OHIO ST
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM (X) Change () Addition
Name: DEIROS, SEBASTIAN A
Address: 3140 OHIO ST
City-St-Zip: MIAMI, FL 33133 US

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: CARINA A. REPUPILLI

MGRM

04/29/2009

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