

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001080

1. Entity Name
ACCENTMARKETING COMMUNICATIONS, L.C.

FILED

01 APR 27 PM 2:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**LA PUERTA DEL SOL
STE. 100. 800 DOUGLAS RD.
CORAL GABLES FL 33134**

Mailing Address
**6401 SW 87 AVENUE. SUITE 204
MIAMI FL 33173**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0785845** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**PLOUCHA, L M
C/O ATKINSON, DINER, STONE & MANKUTA, P.A.
P. O. DRAWER 222088, 1046 TYLER ST.
HOLLYWOOD FL 33022-2088**

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input type="checkbox"/> Delete BLANCO, ESTEBAN LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input type="checkbox"/> Delete BLANCO, MIRIAM LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input type="checkbox"/> Delete BONET, FERNANDO LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input type="checkbox"/> Delete THE INTERPUBLIC GROUP OF COMPANIES, INC. 1271 AVENUE OF THE AMERICAS, ROCKFELLER CE NEW YORK NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000004211870 -05/11/01--01071--019 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **4/26/01** (305) 461-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)