

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90017 036 ****50.00

DOCUMENT # L 97000001080
1. Entity Name
Accentmarketing communications L.C.

936165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business La Puerta Del Sol Suite, Apt. #, etc. 800 Douglas Rd, #100 City & State Coral Gables, FL Zip 33134		3. Mailing Address 6401 SW 87th Avenue Suite, Apt. #, etc. 204 City & State Miami, FL Zip 33173	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0785845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent
Name: Ploucha, L M
Street Address (P.O. Box Number is Not Acceptable): c/o Atkinson, Diner, Stone & Mankuta P.A.
P.O. Drawer 222088, 1046 Tyler Street
City: Hollywood FL Zip Code: 33022-2088

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.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

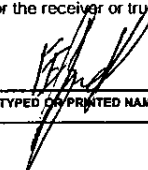
9. MANAGING MEMBERS / MANAGERS

TITLE MEM NAME Blanco, Esteban STREET ADDRESS La Puerta Del Sol, 800 Douglas Rd, #100 CITY-ST-ZIP Coral Gables, FL 33134	TITLE MEM NAME Blanco, Miriam STREET ADDRESS La Puerta del Sol, 800 Douglas Rd, #100 CITY-ST-ZIP Coral Gables, FL 33134
TITLE MEM NAME Bonet, Fernando STREET ADDRESS La Puerta del Sol, 800 Douglas Rd, #100 CITY-ST-ZIP Coral Gables, FL 33134	TITLE MEM NAME The Interpublic Group of Companies Inc. STREET ADDRESS 1271 Avenue of the Americas, Rockefeller CE CITY-ST-ZIP New York, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 3/27/02 DAYTIME PHONE #: 305-461-1112