


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90022 027 ****55.00

DOCUMENT # L97000001080
 1. Entity Name
ACCENTMARKETING COMMUNICATIONS, L.C.




Principal Place of Business Mailing Address
LA PUERTA DEL SOL **6401 SW 87 AVENUE, SUITE 204**
STE. 100, 800 DOUGLAS RD. **MIAMI, FL 33173**
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01152007 Chg-LLC CR2E083 (12/06)

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
ONE FINANCIAL PLAZA, 14TH FL
100 SE 3RD AVENUE
FORT LAUDERDALE, FL 33394

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLANCO, ESTEBAN	
STREET ADDRESS	LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLANCO, MIRIAM	
STREET ADDRESS	LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BONET, FERNANDO	
STREET ADDRESS	LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THE INTERPUBLIC GROUP OF COMPANIES, INC.	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS, ROCKFELLER CE	
CITY-ST-ZIP	NEW YORK, NY 10020	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NAPORANO, J	
STREET ADDRESS	CAMPBELL EWALD, 30400 VAN DYKE AVE	
CITY-ST-ZIP	WARREN, MI 48093	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CAMERA, N	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS, ROCKFELLER CE	
CITY-ST-ZIP	NEW YORK, NY 10020	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEDROSO, G		
STREET ADDRESS	LA PUERTA DEL SOL, SUITE 100, 800 DOUGLAS RD		
CITY-ST-ZIP	MIAMI, FL 33134		
TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROMERO, M		
STREET ADDRESS	LA PUERTA DEL SOL, SUITE 100, 800 DOUGLAS RD		
CITY-ST-ZIP	MIAMI, FL 33134		
TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOYO, L		
STREET ADDRESS	LA PUERTA DEL SOL, SUITE 100, 800 DOUGLAS RD		
CITY-ST-ZIP	MIAMI, FL 33134		
TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OCASIO-FANT, D		
STREET ADDRESS	LA PUERTA DEL SOL, SUITE 100, 800 DOUGLAS RD		
CITY-ST-ZIP	MIAMI, FL 33134		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **4/17/07** **(305) 461-1112**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #