2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -1 PM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001517 1/1

1. Entity Name

SHOTNEWS,L.L.C.

Principal Place of Business	Mailing Address
3205 NE 184TH STREET STE.9202 AVENTURA, FL 33160	199 SW 12TH AVENUE STE. 11 MIAMI, FL 33130-1056

2. Principal Place of Business	3. Mailing Address
3205 NE 184TH STREET	199 SW 12TH AVENUE
Suite, Apt. #, etc.: STE. 9202	Suite, Apt. #, etc.: SUITE 11
City & State: AVENTURA, FL	City & State: MIAMI, FL
Zip: 33160 Country: USA	Zip: 33130-1056 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0908982 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMY BENCHIMOL 3205 NE 184TH STREET STE. 9202 AVENTURA, FL 33160	Name: JORGE E. OYARCE Street Address (P.O. Box Number is Not Acceptable): % JE OYARCE & ASSOCIATES, ACCOUNTING OFFICES 199 SW 12TH AVENUE, STE. 11 City: MIAMI **FL** Zip Code: 33130-1056

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 _____ JORGE E. OYARCE 4/23/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BECHIMOL, ROMY 3205 NE 184TH STREET, STE 9202 AVENTURA, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004272408--0 -05/21/01--01023--011 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ ROMY BENCHIMOL, MGRM 4/23/01 305-324-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #