2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90267 027 ****50.00

DOCUMENT # L99000001517

1. Entity Name
SHOTNEWS, L.L.C.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3150 NE 190TH STREET #308	199 SW 12TH AVENUE
Suite, Apt. #, etc. 308	Suite, Apt. #, etc. #11
City & State AVENTURA, FLORIDA	City & State MIAMI, FL
Zip 33180 Country USA	Zip 33130 Country USA

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
OYARCE, JORGE E C/O JE OYARCE & ASSOCIATES 199 SW 12TH AVE., STE. 11 MIAMI FL 33131-1056	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 ______________________
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCHIMOL, ROMY 3205 NE 184TH ST., STE. 9202 AVENTURA FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECHIMOL, ROMY 3150 NE 190TH AVENUE, #308 AVENTURA, FL 33180	☒ Change ☐ Addition
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

CR2E083 (9/01)

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 4/24/02 305-324-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #