FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90274 009 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L-99000001517 YEAR 2003

1. Entity Name

SHOTNEWS, L.L.C.

J00064992

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2040 NE 163RD STREET	2040 NE 163RD STREET
Suite, Apt. #, etc SUITE # 202-E	Suite, Apt. #, etc. SUITE # 202-E
City & State NORTH MIAMI BEACH-FL	City & State NORTH MIAMI BEACH, FL
Zip / Country 33162 / USA	Zip / Country 33162 / 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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JORGE E OYARCE

Street Address (P.O. Box Number is Not Acceptable): JE OYARCE & ASSOCIATES, ACCTG. OFFICES

199 SW A2TH AVENUE, SUITE #11

City: MIAMI FL Zip Code: 33130

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 JORGE E OYARCE 4/28/2003

Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCHIMOL, ROMMY 2040 NE 163RD STREET, SUITE # 202-E NORTH MIAMI BEACH, FL 33162	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/02)

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: ROMMY BENCHIMOL, MGRM 4/28/2003 305-944-7475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #