

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001786

1. Entity Name

PAN REGIONAL MEDIA SERVICES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business Mailing Address
~~1685 LENOX AVENUE, NO. 10~~ ~~1685 LENOX AVENUE, NO. 10~~
~~MIAMI BEACH FL 33139~~ ~~MIAMI BEACH FL 33139~~
PMB 300, 1521 Alton Rd. PMB 300, 1521 Alton Rd.
Miami Beach, FL 33139 Miami Beach, FL 33139

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0901772 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PETERSON, MICHAEL P ESQ.
PETERSON & LAGE, L.L.C.
6361 SUNSET DRIVE
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent
Name Robert J. Black
Street Address (P.O. Box Number is Not Acceptable)
901 Ponce de Leon Blvd.
Penthouse Suite
City Coral Gables. FL Zip Code 33134

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 *Robert J. Black* Robert J. Black 8/16/00
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/MANAGERS
TITLE MGR ☐ Delete
NAME CARRILLO, ENRIQUE A
STREET ADDRESS ~~1685 LENOX AVENUE, NO. 10~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~
TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PMB 300, 1521 Alton Road
CITY-ST-ZIP Miami Beach, FL 33139
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400003408524--7
CITY-ST-ZIP -09/28/00--01095--017
*****50.00 *****50.00
TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Enrique A. Carrillo* ENRIQUE A. CARRILLO 8/16/00 305/532-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)