

2001 UNIFORM BUSINESS REPORT (UBR)

0032280 SP

DOCUMENT # L99000001786

1. Entity Name
PAN REGIONAL MEDIA SERVICES, L.L.C.

FILED *W 3/2*

01 FEB 27 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
PMB 300, 1521 ATLTON RD.
MIAMI BEACH FL 33139

Mailing Address
PMB 300, 1521 ATLTON RD.
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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT J. BLACK
901 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

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 *X* *Safarill* ENRIQUE A. CARRILLO *X* 2/23/01
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

000003803460--9
-03/07/01--01003--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR CARRILLO, ENRIQUE A ☐ Delete
STREET ADDRESS PMB 300, 1521 ATLTON RD.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Safarill* ENRIQUE A. CARRILLO 2/23/01 305/532-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)