2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LOQUOQUA 197



FILED
Mar 03, 2003 8:00 am
Secretary of State

1. Entity Name IMS TELEVISION LLC							03-03-2003 90010 045 ****50.00				
Principal Place of Business				Mailing Address			1				
4854 SW 72ND AVENUE MIAMI FL 33155				4854 SW 72ND AVENUE MIAMI FL 33155							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	☐ CHECK HERE IF N	MAKING CHANGES	6	
City & State			-	City & State			4. FEI Number 65-0941963 Applied For Not Applied by]
Zip. Country.				ZipCoun		ntry — — —	5. Certifica	te of Status Desired	\$5.00 Ac	iditional	_
6. Name and Address of Current I							7. Name and Address of New Registered Agent				
RJVF CORPORATE SERVICES, INC. % STEEL, HECTOR & DAVIS 200 S. BISCAYNE BLVD., SUITE 4000 MIAMI FL 33131						Street Address	ALICIA GULLENCEZ Address (P.O. Box Number is Not Acceptable) ASSY SW 72 AVE				
		·				City MIG	mi		FL ZSS	155	
8. The above the obligation SIGNATURE		y submits this statement tered agent.	fo he	purpose of changing its i	registere	ed office or register	red agent, or b	ooth, in the State of Florida	. I am familiar with,	and accept	1
SIGNATORIE	Signature, typed	or printed name of registered age	nt and title	if applicable. (NOTE:	Registered	d Agent signature required	when reinstating)	<u> </u>	DATE		ı
				Make Check Payable Due	to Fid	FEE IS \$50.00 orida Departme ay 1, 2003	nt of State				
9.	11100	MANAGING MEME	BERS/	MANAGERS	10.			ADDITIONS/CHA	ANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HECTOR 72ND AVENUE 33155		☐ Delete		ı			☐ Change	☐ Addition	E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		سرد وين ده	_~	☐ Delete		ET ADDRESS			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE	ı			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREE CITY-	T ADDRESS		,	☐ Change	Addition	
TITLE NAME Street address City-St-Zip				□ Delete	TITLE NAME STREE CITY-S	T ADDRESS	·		. Change	Addition	
11. I hereby c	ertify that the	information supplied with	h.#bis fi	ling does not qualify for the			tion 110 07(2)	(i) Florida Statutos I furth			

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: SIGNATURE AND TYPED O

Hecror

305 662 7373