

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002438

FILED  
May 05, 2009  
Secretary of State

Entity Name: LOTUS/ENTRAVISION REPS LLC

**Current Principal Place of Business:**

220 MIRACLE MILE  
205  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

7083 HOLLYWOOD BLVD., SUITE 306  
LOS ANGELES, CA 90028 US

**New Mailing Address:**

5700 WILSHIRE BLVD  
SUITE 250  
LOS ANGELES, CA 90036 US

FEI Number: 95-4871909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOTUS HISPANIC REPS CORP.  
Address: 3301 BARHAM BLVD., #200  
City-St-Zip: LOS ANGELES, CA 90068

Title: MGR ( ) Delete  
Name: ENTRAVISION COMMUNICATIONS CORPORATION  
Address: 2425 OLYMPIC BLVD., #6000 W  
City-St-Zip: SANTA MONICA, CA 90404

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY HAWLEY

PRES

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date