

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

05 NOV -2 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PK*



10062005 REIN-LLC CR2E101 (6/04)

DOCUMENT # M01000002505			
1. Entity Name PPV SERVICES, LLC			
Principal Place of Business 4117 N.W. 124TH AVE. CORAL SPRINGS, FL 33065		Mailing Address 4117 N.W. 124TH AVE. CORAL SPRINGS, FL 33065	
2. Principal Place of Business		3. Mailing Address <i>1550 Biscayne Blvd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>15 Floor</i>	
City & State		City & State <i>Miami, Florida</i>	
Zip	Country	Zip	Country
		<i>33132</i>	<i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE. 28TH FLOOR MIAMI, FL 33131		Name <i>C.T. Corporation System</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>1200 South Pine Island Road</i>	
		City <i>Plantation</i>	
		FL Zip Code <i>33324</i>	
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 <i>Connie Bryan</i>		DATE <i>11/02/05</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIGITAL LATIN AMERICA, LLC 4117 NW 124TH AVENUE CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Barreto, Antonio 1550 Biscayne Blvd. MIAMI, Florida 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200061300912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11/09/05--01054--007 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>REINSTATEMENT 2005</b>			
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: <i>Antonio Barreto</i>		Date <i>10/21/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <i>305-894-3550</i>	