

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005554

Entity Name: UNION SQUARE MEDIA GROUP, LLC**Current Principal Place of Business:**429 LENOX AVE, 5TH FLOOR
MIAMI BEACH, FL 33139**Current Mailing Address:**429 LENOX AVE, 5TH FLOOR
MIAMI BEACH, FL 33139 US**FEI Number:** 26-4156554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	MGR
Name	KELLER, JOSHUA
Address	429 LENOX AVE, 5TH FLOOR
City-State-Zip:	MIAMI BEACH FL 33139

Title	MGR
Name	MATZORKIS, NICHOLAS
Address	440 E ST ELMO RD
City-State-Zip:	AUSTIN TX 78745

Title	MGR
Name	HOWE, ALAN
Address	10755 SCRIPPS POWAY PKWY #302
City-State-Zip:	SAN DIEGO CA 92131

Title	MANAGER
Name	FANGMANN, ERIC
Address	222 LAKEVIEW AVENUE, SUITE 160-365
City-State-Zip:	WEST PALM BEACH FL 33401

Title	AUTHORIZED REPRESENTATIVE
Name	DESIMONE, DAVID J.
Address	4324 BELLEVIEW SUITE 100
City-State-Zip:	KANSAS CITY MO 64111

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID J. DESIMONE**AUTHORIZED
REPRESENTATIVE****04/21/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date