

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90038 028 ***150.00

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DOCUMENT # F000000000095 ✓
1. Entity Name
 TELEFONICA DATA USA INC.

Principal Place of Business **Mailing Address**
 1221 BRICKELL AV.
 MIAMI, FLA. 33131
 1221 BRICKELL AVENUE SUITE 1200
 MIAMI, FL., 33131
 C/O PATRICIA MENENDEZ CAMBO

2. Principal Place of Business **3. Mailing Address**
 1221 Brickell Avenue
 Suite, Apt. #, etc.
Suite 1200
 City & State
Miami, FLA
 1221 Brickell Avenue c/o Patricia Menendez
 Suite, Apt. #, etc.
Suite 1200
 City & State
Miami, FLA

4. FEI Number **Applied For**
 55-2215332
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL., 32301

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS: \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFAEL SAGRARIO DURAN BEATRIZ DE BOBADILLA 14 MADRID, SPAIN, 28040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOSE ESTEVEZ RODRIGUEZ BEATRIZ DE BOBADILLA 14 MADRID, SPAIN, 28040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP GUILLERMO FERNANDEZ VIDAL GRAN VIA 28 MADRID, 28043, SPAIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V JOSE LUIS GUEZURAGA VILLA BEATRIZ DE BOBADILLA 14 MADRID 28040, SPAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JAIME LABANELLAS 1221 BRICKELL AVENUE MIAMI, FL., 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISTINA PARESA 1221 BRICKELL AV. MIAMI, FL. 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT S. PATRICIA MENENDEZ CAMBO 1221 BRICKELL AV. MIAMI, FL., 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MENENDEZ CAMBO *P. Menendez* 4/30/01 305-925-5307
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #