

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 JAN 20 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006471

1. Corporation Name

WEA LATINA INC.

REINSTATEMENT 97-98  
A. Alan  
Jan 20, 1998

Principal Place of Business

Mailing Address

1415 W. MAGNOLIA BLVD  
SUITE 201  
BURBANK CA 91505  
US

75 ROCKEFELLER PLAZA  
25TH FLOOR  
NEW YORK NY 10019  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/19/1994

S201 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

5. FEI Number

13-3586626

Applied For

SUITE 200

City & State

City & State

Not Applicable

MIAMI FL

Zip 33126

Country U.S.A.

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MIDANI, ANDRE	75 ROCKEFELLER PLAZA	NEW YORK NY 10019
VD	GOLD, JEROME N	75 ROCKEFELLER PLAZA	NEW YORK NY 10019
SD	WISTOW, FRED	75 ROCKEFELLER PLAZA	NEW YORK NY 10019
AS	WHITE, MARIE	75 ROCKEFELLER PLAZA	NEW YORK NY 10019
SRVP	RICHARD J. BRESSLER	75 ROCKEFELLER PLAZA	NEW YORK NY
D	CARADINE, JAMES G	75 ROCKEFELLER PLAZA	NEW YORK NY 10019

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

954-473-5503

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

900002413379-6

-01/27/98-01076-003

\*\*\*\*150.00 \*\*\*\*150.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

PETER F. ROUZA  
Assistant Secretary

900002413379-6

-01/27/98-01076-004

\*\*\*\*750.00 \*\*\*\*750.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Marie H White and Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/98 (212) 484-7596

CP2E040 (8/97)