

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90663 001 \*\*\*750.00

0261533 AV

**DOCUMENT # F98000000014**  
 1. Entity Name  
**RADIO UNICA CORP.**

Principal Place of Business <b>8400 NW 52 ST          101          MIAMI FL 33166          US</b>	Mailing Address <b>8400 NW 52 ST          101          MIAMI FL 33166          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0776004</b>	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD  
 PLANTATION FL 33324**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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	<b>CC</b> <b>BLAYA, JOAQUIN F</b> <b>8400 NW 52 STREET STE 101</b> <b>MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>CANCELA, JOSE</b> <b>8400 NW 52 STREET</b> <b>MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDC</b> <b>DAWSON, STEVEN E</b> <b>8400 NW 52 STREET STE 101</b> <b>MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDMAN, ANDREW</b> <b>19 HIGHLAND WAY</b> <b>SCARSDALE NY 10583-1609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTOLERI, JOHN</b> <b>466 LEXINGTON AVE</b> <b>NEW YORK NY 10017-3147</b> <input checked="" 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	<b>SID LAPIDUS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>466 LEXINGTON AVENUE</b> <b>NEW YORK, NY 10017-3147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID LIBONITZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>466 LEXINGTON AVENUE</b> <b>NEW YORK, NY 10017-3147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUSTIN SADRAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>466 LEXINGTON AVENUE</b> <b>NEW YORK, NY 10017-3147</b>
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"/> Change <input 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: SIGNATURE REQUIRED *4/16/02* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)