

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90126 021 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001021

1. Corporation Name
WORLDSPACE MANAGEMENT CORPORATION

Principal Place of Business 815 NW 57TH AVE., STE. 441 MIAMI FL 33126	Mailing Address 815 NW 57TH AVE., STE. 441 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5201 Blue Lagoon Drive Suite, Apt. #, etc. 22 PH Suite 921 City & State 23 MIAMI, Florida Zip 24 33126-2064	2a. Mailing Address 26 5201 Blue Lagoon Drive Suite, Apt. #, etc. 27 PH Suite 921 City & State 28 MIAMI, Florida Zip 29 33126-2064	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 02/23/1998	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 52-2010695		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PEDRERO, ANTONIO
 815 NW 57TH AVE., STE. 441
 MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name **Jordi R. Torrents**
 82 Street Address (P.O. Box Number is Not Acceptable)
5201 Blue Lagoon Drive
 83 **Penthouse, #921**
 84 City **MIAMI** FL 85 Zip Code **33126-2064**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Jordi Torrents* **JORDI TORRENTS** DATE: **04/14/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	SAMARA, NOAH A	
STREET ADDRESS	2400 N STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LARAMIE, JAMES R	
STREET ADDRESS	2400 N STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMARA, EYOB	
STREET ADDRESS	2400 N STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GAVENAS, STEVEN P	
STREET ADDRESS	2400 N STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STUBBLEFIELD, HEINZ	
STREET ADDRESS	2400 N STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MAZZARELLA, Julio
5.3 STREET ADDRESS	2400 N Street, NW
5.4 CITY-ST-ZIP	Washington, DC 20037
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James P. Laramie* **SIGNATURE REQUIRED** DATE: **4/28/99** DAYTIME PHONE #: **(202) 969-6120**

Signature and typed or printed name of signing officer or director

CR2E034 (1/98)