

06-03-2002 91182 001 *1,050.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000000190
 1. Entity Name
 Radio Unica of New York License Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8400 NW 52nd Street Suite, Apt. #, etc. Suite 101 City & State Miami, FL. Zip 33166 Country USA		3. Mailing Address 8400 NW 52nd Street Suite, Apt. #, etc. Suite 101 City & State Miami, FL. Zip 33166 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation
State FL
Zip Code 33324

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE CEO	NAME Blaya, Joaquin F.	TITLE NAME	
STREET ADDRESS 8400 NW 52nd Street Suite 101	CITY-ST-ZIP Miami, FL 33166	STREET ADDRESS CITY-ST-ZIP	
TITLE DP	NAME Canela, Jose C	TITLE NAME	
STREET ADDRESS 8400 NW 52nd street Suite 101	CITY-ST-ZIP Miami, FL 33166	STREET ADDRESS CITY-ST-ZIP	
TITLE DSC	NAME Dawson, Steven E.	TITLE NAME	
STREET ADDRESS 8400 NW 52nd street Suite 101	CITY-ST-ZIP Miami, FL 33166	STREET ADDRESS CITY-ST-ZIP	
TITLE D	NAME Goldman, Andrew	TITLE NAME	
STREET ADDRESS 4 Miller Circle	CITY-ST-ZIP Armonk, NY 10504	STREET ADDRESS CITY-ST-ZIP	
TITLE D	NAME Santo Leri, John	TITLE NAME	
STREET ADDRESS 466 Lexington Avenue	CITY-ST-ZIP New York, NY 10017	STREET ADDRESS CITY-ST-ZIP	
TITLE D	NAME Lapidus, Sid	TITLE NAME	
STREET ADDRESS 466 Lexington Avenue	CITY-ST-ZIP New York, NY 10017	STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven E. Dawson EVP/CFO 5/23/02 305-463-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)