

2000 UNIFORM BUSINESS REPORT (UBR)

3/7,

FILED
May 17, 2000 8:00 am
Secretary of State

03-07-2000 90126 001 *1,650.00

DOCUMENT # F99000000195

1. Entity Name

RADIO UNICA OF PHOENIX LICENSE CORP.

Principal Place of Business

8400 NW 52ND ST., SUITE 101
 MIAMI FL 33166

Mailing Address

8400 NW 52ND ST., SUITE 101
 MIAMI FL 33166-5309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0886725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8400 NW 52ND ST., SUITE 101	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	NAME	
STREET ADDRESS	CANCELA, JOSE C	STREET ADDRESS	
CITY-ST-ZIP	8400 NW 52ND ST., SUITE 101	CITY-ST-ZIP	
	MIAMI FL 33166		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SDCF	NAME	
STREET ADDRESS	DAWSON, STEVEN E	STREET ADDRESS	
CITY-ST-ZIP	8400 NW 52ND ST., SUITE 101	CITY-ST-ZIP	
	MIAMI FL 33166		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	NAME	
STREET ADDRESS	GOLDMAN, ANDREW	STREET ADDRESS	
CITY-ST-ZIP	4 MILLER CIRCLE	CITY-ST-ZIP	
	ARMONK NY 10504		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	NAME	
STREET ADDRESS	SANTOLERI, JOHN	STREET ADDRESS	
CITY-ST-ZIP	466 LEXINGTON AVE.	CITY-ST-ZIP	
	NEW YORK NY 10017-3147		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	NAME	
STREET ADDRESS	LAPIDUS, SID	STREET ADDRESS	
CITY-ST-ZIP	466 LEXINGTON AVE.	CITY-ST-ZIP	
	NEW YORK NY 10017-3147		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)