FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91182 001 *1,050.00

DOCUMENT # F99000000195

1. Entity Name
Radio Unica of Phoenix License Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8400 NW 52nd street	8400 NW 52nd street
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Miami, Fl. 33166	City & State Miami, Fl.
Zip 33166 Country USA	Zip 33166 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886825 ☐ Applied For ☐ Not Applicable

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

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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 **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 reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CCEO	TITLE	
NAME	Blaya, Joaquin F.	NAME	
STREET ADDRESS	8400 NW 52nd Street Ste 101	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33166	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	Canala, Jose C	NAME	
STREET ADDRESS	8400 NW 52nd Street Ste 101	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33166	CITY-ST-ZIP	
TITLE	SDCF	TITLE	
NAME	Dawson, Steven E.	NAME	
STREET ADDRESS	8400 NW 52nd Street Ste 101	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33166	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Goldman, Andrew	NAME	
STREET ADDRESS	4 Miller Circle	STREET ADDRESS	
CITY-ST-ZIP	Armonk, NY 10504	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Santoleri, John	NAME	
STREET ADDRESS	466 Lexington Avenue	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017-3147	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Lapidus, Sid	NAME	
STREET ADDRESS	466 Lexington Avenue	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017-3147	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 5/23/02 305-463-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #