

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L000000005217**

1. Entity Name
VISION LATINA LLC

FILED
01 MAY 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**2875 NE 191 ST.
SUITE 603
AVENTURA, FL 33180** **2875 NE 191 ST.
SUITE 603
AVENTURA, FL 33180**

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 Applied For

65-1007768 ☐ Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

☐ ☐

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ELIO DRESZER
1950 TURNBERRY WAY
APTMENT 11-D
AVENTURA, FL 33180**

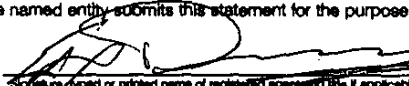
7. Name and Address of New Registered Agent

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  DATE _____

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

STATE OF FLORIDA

DEPARTMENT OF REVENUE

OFFICE OF THE COMPTROLLER

TALLAHASSEE, FLORIDA

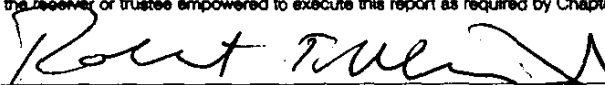
9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MEMBER	LPO	2875 NE 191 ST, AVENTURA, FL 33180		☒ MGRM
	Triangle Productions	710 N. Rexford Drive Beverly Hills, CA 90210		☒ MGRM
	HAM Media Group	305 Madison Ave, St. 3016 New York, NY 10017		☒ MGRM
	Anthony Thomopoulos	1280 Stone Canyon Road Los Angeles, CA 90077		☒ MGRM
	Latin Multimedia	2745 Ponce de Leon Blvd Coral Gables, FL 33134		☒ MGRM

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **4/26/01** DAYTIME PHONE: **305-931-3465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)