

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # L99000004211**

1. Entity Name  
**IMS NOTICIAS DEPORTIVAS LLC**

Principal Place of Business  
4854 SW 72ND AVENUE  
MIAMI FL 33155

Mailing Address  
4854 SW 72ND AVENUE  
MIAMI FL 33155

**FILED**  
**01 MAR 15 PM 8:30**

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0941961**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00 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

**RJVF CORPORATE SERVICES, INC.**  
**C/O STEEL, HECTOR & DAVIS**  
**200 SO. BISCAYNE BLVD., SUITE 4000**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR <b>BOTERO, HECTOR</b> STREET ADDRESS <b>4854 SW 72ND AVENUE</b> CITY-ST-ZIP <b>MIAMI FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**800003887978--1**  
**03/20/01 01942 011**  
**\*\*\*350.00 \*\*\*50.00**

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: *[Signature]* Date: 3/12/01 Daytime Phone #: 305 662-7373

CR2E083 (11/00)