

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018689

FILED
Jan 21, 2008
Secretary of State

Entity Name: TERRA NETWORKS OPERATIONS, INC.

Current Principal Place of Business:

95 MERRICK WAY
SUITE 706
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

95 MERRICK WAY
SUITE 700
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0994978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANO, JOANNA
1111 BRICKELL AVENUE
10TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RODRIGUEZ, FERNANDO
Address: C/O 95 MERRICK WAY, SUITE 706
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: ARRIERA, CECILIA
Address: C/O 95 MERRICK WAY, SUITE 706
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: MADEIRA, FERNANDO
Address: C/O 95 MERRICK WAY, SUITE 706
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete
Name: FRANYIE ROMANO, JOANNA
Address: C/O 95 MERRICK WAY, SUITE 706
City-St-Zip: CORAL GABLES, FL 33134

Title: CIO () Delete
Name: SCHILLING, MARCO
Address: C/O 95 MERRICK WAY, SUITE 706
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNA ROMANO

DS

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date