

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90101 011 ***550.00

DOCUMENT # P02000132149

1. Entity Name

TELEFONICA DATA USA, INC.



DO NOT WRITE IN THIS SPACE

90152294

2. Principal Place of Business
1221 Brickell Avenue

3. Mailing Address
1221 Brickell Avenue

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
52-2215332

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Quarles, Thomas J.

Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street

2200 Museum Tower

City
Miami

FL

33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas J. Quarles*

[Signature]

8/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	Mateo Budinich Diez 1221 Brickell Ave., Ste. 600 Miami, Florida 33131
TITLE D	Alvaro Badiola 1221 Brickell Ave., Ste. 600 Miami, Florida 33131
TITLE CEO	Pete Pizarro 1221 Brickell Ave., Ste. 600 Miami, Florida 33131
TITLE S	Cristinia Pareja 1221 Brickell Ave., Ste. 600 Miami, Florida 33131
TITLE NAME	
TITLE NAME	

TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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

8/15/03

Date

Daytime Phone #

CR2E034B (12/02)