

**2000 UNIFORM BUSINESS REPORT (UBR)**

1999 & 2000

DOCUMENT # **998000057508**

ADMIN. DISS.

06-29-2000 90632 005 \*\*\*150.00  
P98000057508

1. Entity Name  
**LATIN COMMUNICATIONS CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 PM 12:34

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**2841 S. Clearbrook Cir Sm.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

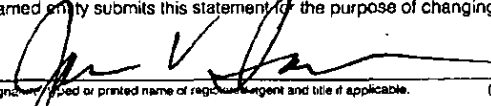
9/22/99 90013 016 -55000  
DO NOT WRITE IN THIS SPACE

City & State **Delray Beach, FL**  
City & State  
Zip **33445** Country **USA**

4. FEI Number **65-0842633** Applied For:  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**JAMES V. IADEROSE**  
**2841 S. CLEARBROOK CIR.**  
**DELRAY BEACH, FL 33445**

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

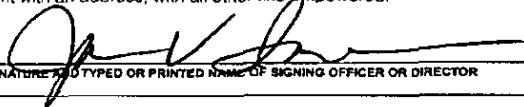
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEES IS \$150.00**  
**After MAY 17 2000 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>JAMES V. IADEROSE, PRES</b> <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>2841 S. Clearbrook Cir.</b>	STREET ADDRESS
CITY-ST-ZIP <b>Delray Beach FL 33445</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00 561-433-4940  
Date Daytime Phone #

CR2E034 (9/99)

7110