


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90038 018 ***150.00

DOCUMENT # P99000048756

1. Entity Name
 TELEFONICA MEDIA INTERNACIONAL Y DE CONTENIDOS USA, INC.



40011908



Principal Place of Business
 1221 BRICKELL AVENUE
 6TH FLOOR
 MIAMI, FL 33131

Mailing Address
 C/O PATRICIA MENENDEZ
 1221 BRICKELL AVE., 6TH FLOOR
 MIAMI, FL 33131

2. Principal Place of Business *c/o MD Pizarro*
 Mellon Financial Center
 Suite, Apt. #, etc.
 1111 Brickell Ave 10th Floor

3. Mailing Address *c/o MD Pizarro*
 Mellon Financial Center
 Suite, Apt. #, etc.
 1111 Brickell Ave 10th Floor

01262005 Chg-P CR2E034 (10/03)

City & State
 MIAMI, FLA

City & State
 MIAMI, FLA

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA

4. FEI Number
 65-0934477

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIZARRO, MARIA D. PO BOX 7325 SAN JUAN, PR 009368325	<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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *January 28/05* DAYTIME PHONE #: *(787) 273-5629*