

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000000864

1. Entity Name
OLE COMMUNICATIONS GROUP (US), L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 26 PM 1:25

mf

Principal Place of Business
5201 BLUE LAGOON DRIVE
SUITE 650
MIAMI FL 33126

Mailing Address
5201 BLUE LAGOON DRIVE
SUITE 650
MIAMI FL 33126-2075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0854046		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

ARAZOZA, COMA, DE TORRES & FERNANDEZ-FRAGA
101 MADEIRA AVENUE
CORAL GABLES FL 33134

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	Signature, typed or printed name of registered agent and title if applicable.	(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 STREET ADDRESS CITY - ST - ZIP	MGRM CUSCO, ENRIQUE 5201 BLUE LAGOON DRIVE MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM I.V.C. TELEVISION, INC. 5201 BLUE LAGOON DRIVE MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of Enriquer Cusco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/26/2000
Date

Daytime Phone #

CR2E083 (9/99)