

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90045 028 \*\*\*\*\*61.25

**DOCUMENT # 827768**

1. Entity Name

**SOCIEDAD INTERAMERICANA DE PRENSA, INC (A DELAWARE CORPORATION)**

Principal Place of Business

Mailing Address

**1801 SW 3RD AVENUE  
8T FLOOR  
MIAMI FL 33129****1801 SW 3RD AVENUE  
8T FLOOR  
MIAMI FL 33129**

00014443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**13-1678666**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNOZ, JULIO E  
1801 SW 3RD AVENUE 8TH FLOOR  
MIAMI FL 33129**

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FULLER, JACK</b>	
STREET ADDRESS	<b>435 N MICHIGAN AVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60611</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARB ILLA, DANILO</b>	
STREET ADDRESS	<b>AVE URUGUAY 1146</b>	
CITY-ST-ZIP	<b>MONTEVIDEO, URUGUAY</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FASCETTO, JORGE E</b>	
STREET ADDRESS	<b>FLORIDA 520 4TO. PISO. OF 406</b>	
CITY-ST-ZIP	<b>BUENOS AIRES, ARGENTINA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEDERSON, TONY</b>	
STREET ADDRESS	<b>3906 TRAPPERS FOREST</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77088</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>MUNOZ, JULIO E</b>	
STREET ADDRESS	<b>7100 SW 146TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COX, ROBERT J</b>	
STREET ADDRESS	<b>134 COLUMBUS ST</b>	
CITY-ST-ZIP	<b>CHARLESTON SC 29407</b>	

TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FULLER, JACK</b>	
STREET ADDRESS	<b>435 N. MICHIGAN AVE. 23rd FLOOR</b>	
CITY-ST-ZIP	<b>CHICAGO, IL 60611</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARCIA GAMBOA, ANDRES</b>	
STREET ADDRESS	<b>PECARI N°37</b>	
CITY-ST-ZIP	<b>CANCUN, Q. ROO, MEXICO</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAUCKER, EARL</b>	
STREET ADDRESS	<b>200 EAST LAS OLAS BLVD.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33301</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CALDWELL, ROBERT J.</b>	
STREET ADDRESS	<b>350 CAMINO DE LA REINA</b>	
CITY-ST-ZIP	<b>SAN DIEGO, CA 92108</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX, ROBERT J.</b>	
STREET ADDRESS	<b>134 COLUMBUS ST.</b>	
CITY-ST-ZIP	<b>CHARLESTON, SC 29403</b>	

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 617, 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.

**EXECUTIVE DIRECTOR****SIGNATURE:****SIGNATURE REQUIRED MUNOZ****01/11/02 (305)634-2465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)