

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006983

FILED
Feb 17, 2009
Secretary of State

Entity Name: LATIN AMERICAN MULTICHANNEL ADVERTISING COUNCIL, INC.

Current Principal Place of Business:

8300 NW 53RD. STREET, SUITE 350
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8300 NW 53RD. STREET, SUITE 350
DORAL, FL 33166

New Mailing Address:

FEI Number: 43-0198548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CUSCO, ENRIQUE
Address: 2525 PONCE DE LEON BLVD., STE. 250
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: URDANETA, JUAN C.
Address: ONE CNN CENTER, BOX 105366
City-St-Zip: N. ATLANTA, GA 30348

Title: PCEO () Delete
Name: MCBRIDE, WILLIAM G.
Address: 6505 BLUE LAGOON DR., STE. 190
City-St-Zip: MIAMI, FL 331266030

Title: D () Delete
Name: BERMUDEZ-KEY, KLAUDIA
Address: 1688 MERIDIAN AVE., 7TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: DURAN, ALFREDO
Address: 2525 PONCE DE LEON BLVD., STE. 250
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FOX, MICHAEL
Address: 77 W. 66 ST., 21ST FLOOR
City-St-Zip: NEW YORK, NY 10023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DURAN, ALFREDO
Address: 777 BRICKELL AVENUE, SUITE 1300
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GARY MCBRIDE

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date