

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855132

1. Entity Name

READER'S DIGEST LATINOAMERICA S.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90051 012 ***150.00

Principal Place of Business 2655 LE JEUNE ROAD CORAL GABLES FL 33134	Mailing Address 2655 LE JEUNE ROAD CORAL GABLES FL 33134-5832
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2. Principal Place of Business Roaring Brook Road	3. Mailing Address Roaring Brook Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pleasantville, NY	City & State Pleasantville, NY	4. FEI Number 52-1275836	Applied For Not Applicable
Zip 10570	Country U.S.A.	Zip 10570	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	P BRENNAN, MICHAEL A READER'S DIGEST ROAD PLEASANTVILLE NY 10570 <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	S DUPREE, CLIFFORD H.R. READERS DIGEST ROAD PLEASANTVILLE NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MONAHAN, BONNIE M READER'S DIGEST ROAD PLEASANTVILLE NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Michael A. Brizel Reader's Digest Road Pleasantville, NY 10570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD VELEZ, LUIS F 8447 S W 138TH TERRACE MIAMI FL 33158 <input checked="" 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	D MAGILL, WILLIAM H. READER'S DIGEST ROAD PLEASANTVILLE NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBMAN, BARRY M. READER'S DIGEST ROAD PLEASANTVILLE NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2000 (914) 238-1000
Date Daytime Phone #