FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 13, 2002 8:00 am Secretary of State

| DOCUMENT # 855 32 L | | | | | 05-13-2002 90160 005 ***150.00 | | |
|--|---|--------------------------------|--------------------------------|---|--|----------------------------------|--|
| ŀ | DIGEST LATINOAMERICA S. | Α. | | | | | |
| D | OO NOT WRITE | IN THIS | SPAC | E | | 40 | |
| Principal Place of Business 3. Mailing Address | | | | | _ | | |
| Suite, Ap | BROOK ROAD | ROARING BRO | | | _ | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | |
| City & State PLEASANTVILLE, NY | | City & State PLEASANTVILLE, NY | | | 4. FEI Number 52-1275836 | Applied For Not Applicable | |
| Zip 10570 | Country | Zip | Zip Country 10570 USA | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 10070 | OJA | 110370 | USA | <u> </u> | 7. Name and Address of Current | Fee Required | |
| DO NOT WRITE IN THIS SPACE | | | | Street Address 1201 HAY SUITE 105 City | ITE 105 Jame Jam | | |
| 8. The above | e named entity submits this stateme | ent for the purpose of | changing its re | TALLAHAS | SEE or registered agent, or both, in the Sta | FL 32301 | |
| SIGNATURE | | | | • | or ogsterous agent, or both, in the dia | ne of Florida. | |
| | Signature, typed or printed name of regi | | | | d Agent signature required when reinstating | DATE | |
| Tax filing i | oration is eligible to satisfy its Intanç requirement and elects to do so. ria on back) | A1 | fter May 1, Fee Amended UBR | Fee is \$150.00 e is \$550.00 t is \$61.25 Department of : | 10. Election Campaign Fi Trust Fund Contribution | | |
| 11. | OFFICERS AND | | | | | | |
| TITLE | PRESIDENT | | TITL | E | | CR2E034B (12/01) | |
| NAME STREET ADDRESS | DOMINICK F. ROSSI READER'S DIGEST ROAD | | | E FF ADDOFOR | | 27,8 | |
| CITY - ST - ZIP | PLEASANTVILLE NY 10570 | | | EET ADDRESS ' - ST - ZIP | | 34 | |
| TITLE | VICE PRESIDENT, TREASURER & DIRECTOR | | | E | | | |
| NAME | WILLIAM H. MAGILL | | NAM | E | | 5 | |
| STREET ADDRESS CITY - ST - ZIP | MENDER 3 DIGEST KOAD | | | EET ADDRESS | | | |
| TITLE | PLEASANTVILLE NY 10570 | | CITY | - ST - ZIP | | | |
| NAME | SECRETARY & DIRECTOR CLIFFORD H.R. DUPREE | | TITLI NAMI | 1 | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY - ST - ZIP | PLEASANTVILLE NY 10570 | | | - ST - ZIP | DO NOT WRITE | | |
| TITLE | ASSISTANT TREASURER | | лп | | | IN THIS SPACE | |
| NAME STOCET ADDOCSS | BARRY LIEBMAN | | NAM | <u> </u> | 114 11113 3 | PACE | |
| STREET ADDRESS CITY - ST - ZIP | READER'S DIGEST ROAD | 10 | | ET ADDRESS | | | |
| TITLE | PLEASANTVILLE NY 1057 ASSISTANT SECRETARY | <u>'U</u> | | - ST - ZIP | | | |
| NAME | MICHAEL A. BRIZEL | | TITLE NAME | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY - ST - ZIP | PLEASANTVILLE NY 1057 | 0 | | - ST - ZIP | | | |
| ππ.ε | | | TITLE | | | | |
| WAME | | | NAME | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| 3. I hereby cer information an officer of | | contai report is true an | qualify for the | o that my signati | d in Section 119.07(3)(i), Florida State ure shall have the same legal effect a as required by Chapter 607, Florida S | | |
| SIGNATU | JRE: SIGNATURE AND TYPED OR | PRINTED NAME OF SI | BARRY | M. LIEBMAN | 04/2/2002 Date | (914)238-1000 Daytime Phone # | |
| | / | | | | Date | ⊳ayılıne Frione # | |