

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000097

1. Entity Name
THE AMERICAS PUBLISHING GROUP, LTD.

Principal Place of Business
200 S.E. 1ST STREET
MIAMI FL 33131

Mailing Address
200 S.E. 1ST STREET
MIAMI FL 33131-1902

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 15 PM 3:09



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0854760** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 **BRIAN COURTNEY, ASST. V.P.** DATE **7/13/2000**

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

9. Capital Contributions as Shown on record. **\$450,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$570,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000071709 MAGIC DOG PRODUCTIONS, INC. 200 S.E. 1ST STREET MIAMI FL 33131
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	900003370399--3 -08/23/00--01110--020 ****526.25 ****526.25
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STREET ADDRESS CITY - ST - ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** DATE **10/31/05** DAYTIME PHONE # **305-379-1118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)