

**B01000000266**

COMMUNICATIONS  
EQUITY  
ASSOCIATES

November 27, 2001

**Certified Mail**  
**Return Receipt Requested**  
**#7106 4575 1292 1775 3727**

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-12/03/01--01086--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both for Corporations along with a check for payment due for the following companies:

1. Latin American Investment Partners, LP
2. Latin American Partners, LLC
3. Latin American Communications Partners-A, LP
4. Latin American Communications Partners, LP

Please call me if you have any questions.

Best regards,

*Angela L. Horwitz*

Angela L. Horwitz  
Controller  
Private Equity

ALH:ps

Enclosures

FILED  
01 DEC -3 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B01-266  
AL

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Latin American Investment Partners, LP  
Name of the limited partnership

2. August 6, 2001  
Date of filing/registration in Florida

3. B 01000000266  
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

5. The name and address of the new registered agent and/or office:

David A. Burns  
Name  
101 E. Kennedy Blvd., Suite 3300  
Florida street address (P.O. Box not acceptable)  
Tampa FL 33602  
City, State and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Such change(s) was/were authorized by the general partners.

David A. Burns  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

David A. Burns  
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00