

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004297

FILED  
Jul 19, 2004  
Secretary of State

Entity Name: AMERICA ONLINE LATIN AMERICA, INC.

## Current Principal Place of Business:

6600 NORTH ANDREWS AVENUE  
SUITE 400  
FORT LAUDERDALE, FL 33309 US

## New Principal Place of Business:

## Current Mailing Address:

6600 NORTH ANDREWS AVENUE  
SUITE 400  
FORT LAUDERDALE, FL 33309 US

## New Mailing Address:

FEI Number: 65-0963212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: HERINGTON, CHARLES M  
Address: 6600 NORTH ANDREWS AVENUE, SUITE 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CFO ( ) Delete  
Name: BANOS, OSVALDO  
Address: 6600 N ANDREWS AVENUE, SUITE 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V ( ) Delete  
Name: GOOD, TRAVIS W  
Address: 6600 NORTH ANDREWS AVENUE, SUITE 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V/S ( ) Delete  
Name: BRUSCINO, DAVID V/S  
Address: 6600 N ANDREWS AVE, SUITE 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T ( ) Delete  
Name: MILTON, BRICE P T  
Address: 6600 NORTH ANDREWS AVE, SUITE 400  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V ( ) Delete  
Name: HAUSER, EDUARDO A V  
Address: 6600 NORTH ANDREWS AVENUE, SUITE 500  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON P. BRICE

MR.

07/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date