FILED

Daytime Phone #

Date

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 27, 2001 8:00 am DOCUMENT # F0000006152 **Secretary of State** 03-27-2001 90034 002 ***150.00 HISPANIC INTERNET HOLDINGS. INC. Principal Place of Business Mailing Address C/O METROMEDIA COMPANY C/O IVAS 2000 PONCE DE LEON BLVD., FIFTH FLOOR ONE MEADOWLANDS PLAZA EAST RUTHERFORD NJ 07073 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 13-4102746 Not Applicable Zìo Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (10/00 NAME SUBOTNICK, STUART NAME STREET ADDRESS STREET ADDRESS 810 SEVENTH AVENUE, 29TH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 TITLE PCEO. ☐ Delete TITLE Change Addition NAME FERNANDEZ, CHARLES NAME STREET ADDRESS STREET ADDRESS 2000 PONCE DE LEON BLVD., FIFTH FLOOR CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Delete TITLE TITLE Change ☐ Addition NAME SUBOTNICK, BRYAN NAME STREET ADDRESS 1888 CENTURY PARK EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067 V/5 Change TITLE ☐ Delete TITLE ☐ Addition WADLER, ARNOLD L 7 -NAME NAME PERSING, DAVID STREET ADDRESS STREET ADDRESS ONE MEADOWLANDS PLAZA ONE MEADOWLANDS PLAZA CITY-ST-ZIP CITY-ST-ZIP EAST RUTHERFOAD, NJ 07073 EAST RUTHERFORD NJ 07073 Delete TITLE ☐ Change ☐ Addition TITLE NAME KESSEL, SILVIA NAME STREET ADDRESS STREET ADDRESS 810 SEVENTH AVENUE, 29TH FLOOR CITY-ST-ZIP City-St-Zip NEW YORK NY 10019 TITLE ٧Ţ ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMPSON, PAUL R NAME STREET ADDRESS STREET ADDRESS **1888 CENTURY PARK EAST** CITY-ST-7IP CITY-ST-ZIP LOS ANGELES CA 90067 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 like empowered.