

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90723 008 ***158.75

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1. Entity Name
PUBLICIDAD SARMIENTO, S.A.



Principal Place of Business
**RODRIGUEZ 1260, CEDIGO PESTAL 5500
MENDOZA, ARGENTINA**

Mailing Address
**RODRIGUEZ 1260, CEDIGO PESTAL 5500
MENDOZA, ARGENTINA**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SALJO, WILLIAM G JR.
800 CORPORATE DR., STE 570
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name **Marcos G. Victoria**

Street Address (P.O. Box Number is Not Acceptable)
444 Brickell Ave Suite 600

City **Miami** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **Marcos G. Victoria** DATE: **04/03/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TERRANOVA, JOSE ORLANDO RODRIGUEZ 1260, CEDIGO PESTAL 5500 MENDOZA, ARGENTINA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TERRANOVA, ORLANDO RODRIGUEZ 1260, CEDIGO PESTAL 5500 MENDOZA, ARGENTINA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICTORIA, MARCOS GUILLER RODRIGUEZ 1260, CEDIGO PESTAL 5500 MENDOZA, ARGENTINA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TERRANOVA, Roberto Orlando Rodriguez 1260, Codigo Postal 5500 Mendoza Argentina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TERRANOVA, Raul Orlando Rodriguez 1260, Codigo Postal 5500 Mendoza, Argentina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRANOVA, Raul Eduardo Rodriguez 1260, Codigo Postal 5500 Mendoza, Argentina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **04/03/03** DAYTIME PHONE #: **305-400-7355**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)