

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000002632

Entity Name: RCN LA FM, INC.

FILED
Oct 07, 2005
Secretary of State

Current Principal Place of Business:

1320 SOUTH DIXIE HWY.
760
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1320 SOUTH DIXIE HWY.
760
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 47-0886134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSQUERA, HERNAN
999 PONCE DE LEON BLVD.,STE. 1020
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MOSQUERA, HERNAN
1320 SOUTH DIXIE HIGHWAY
SUITE 760
CORAL GABLES, FL 33146 US

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: HERNAN MOSQUERA

10/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MOSQUERA, HERNAN
Address: CARRERA 13 #37-32
City-St-Zip: BOGOTA, COLOMBIA,

Title: P () Delete
Name: PAVA, JAIME
Address: 999 PONCE DE LEON BLVD.,STE. 1020
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Delete
Name: CRUCIE, ZITA
Address: 8850 SW 123 COURT,APT H-107
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: PAVA, JAIME
Address: 1320 SOUTH DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33146

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: JAIME PAVA

PRES

10/07/2005

Electronic Signature of Signing Officer or Director

Date