

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000002632

**FILED**  
**Oct 07, 2005**  
**Secretary of State**

**Entity Name:** RCN LA FM, INC.

**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