


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90352 009 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000003407

1. Entity Name
**TELEVISION ASSOCIATION OF PROGRAMMERS -
 LATIN AMERICA, INC.**



Principal Place of Business 1013 CENTER ROAD WILMINGTON, DE 19899	Mailing Address PO BOX 562917 MIAMI, FL 33156
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11036842

2. Principal Place of Business 1000 Brickell Ave Suite, Apt. #, etc. 900	3. Mailing Address 1000 Brickell Ave Suite, Apt. #, etc. 900
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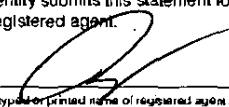
CHECK HERE IF MAKING CHANGES

City & State Miami, FL	City & State Miami, FL	4. FEI Number 52-1960882	Applied For Not Applicable
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Zip 33131	Country US	Zip 33131	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE LA PENA & BAJANDAS, LLP 601 BRICKELL KEY DRIVE, STE. 705 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Ricardo Bajandas, P.A. Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Ave, Suite 900 City Miami FL Zip Code 33131
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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  **Ricardo Bajandas** DATE **4/30/03**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PUPO-MAYO, GUSTAVO 2800 PONCE DE LEON, STE. 1320 MIAMI, FL 33134	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"/> Delete P SPENCER, SEAN 7291 SW 129TH STREET MIAMI, FL 33156	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"/> Delete S BAJANDAS, RICARDO 601 BRICKELL KEY DR., STE. 705 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Ricardo Bajandas 1000 Brickell Ave, Suite 900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 617, 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:  **Ricardo Bajandas, Secretary** DATE **4/30/03** PHONE **305-377-2809**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (10/02)