FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am E Secretary of State F94000003054 DOCUMENT # 1. Entity Name MTV NETWORKS LATIN AMERICA INC. 04-03-2002 90177 032 ***150.00 Principal Place of Business Mailing Address 1111 LINCOLN ROAD % MICHAEL D. FRICKLAS MIAMI BEACH FL 33139 1515 BROADWAY NEW YORK NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3714355 Not Applicable Zip 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 CR2E034 (9/01) TITLE Delete TITLE Change ☐ Addition FRESTON, THOMAS E NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition FRICKLAS, MICHAEL D NAME NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10036** CITY-ST-ZIP DEVP TITLE Delete ☐ Change ☐ Addition REYNOLDS, FREDRIC J NAME NAME STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10036** CITY-ST-ZIP AS ☐ Change TITLE Delete TITLE **Addition** STACK, ILENE W NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP CFO **⊠** Delete TIT! F Change ☐ Addition REYNOLDS, FREDERIC J NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FRICKLAS, MICHAEL D NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP 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.