2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2000 8:00 am Secretary of State DOCUMENT # **F9500003406** 1. Entity Name NETSPAN LATINO, INC. 02-28-2000 90070 032 ***158.75 Mailing Address Principal Place of Business 999 PONCE DE LEON BLVD 999 PONCE DE LEON BLVD DUDWOOTO **CORAL GABLES FL 33134 CORAL GABLES FL 33134** US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-3836883 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANK, NEAL Street Address (P.O. Box Number is Not Acceptable) C/O NETSPAN LATINO INC. 999 PONCE DE LEON BLVD. #525 CORAL GABLES FL 33134 Zip Code e purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits his statement for DATE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if approachle. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so \Box Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change CB-TITLE TITLE BARBA, CARLOS NAME NAME C/O HERRICK FEINSTEIN LLP, 2 PARK AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW-YORK NY 10016 (Change ☐ Addition PTD Delete TITLE FRANK, NEAL NAME NAME C/O MARLIN ENTERTAINMENT, 767 THIRD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10017** CITY-ST-ZIP **X** Addition Managing Director TITLE TITLE EZAVIN. NANCY NAME Jaime D. Bacariza NAME C/O NETSPAN 999 PONCE DE LEON BLVD #525 STREET ADDRESS c/o NetSpan, Inc. 999 Ponce de Leon Blvd. STREET ADDRESS CITY-ST-ZIP MIAMITE 33134 # 525. Coral Gables, Florida CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE HEITNER, MICHAEL NAME NAME C/O HERRICK FEINSTEIN LLP. 2 PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10016 CITY-ST-ZIP ☐ Change [] Addition ☐ Delete TITLE FRANK, LEISA C/O MARLIN ENTERTAINMENT, 767 THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YOURK NY 10017** CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #