

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90419 007 ***150.00

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1. Entity Name

LIBERTY LATIN PARTNERS, INC.



Principal Place of Business

12300 LIBERTY BLVD.
ENGLEWOOD, CO 80112 US

Mailing Address

12300 LIBERTY BLVD.
ENGLEWOOD, CO 80112 US



04162004

No Chg-P

CR2E034 (10/03)

4. FEI Number

84-1289016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MALONE, JOHN C
STREET ADDRESS 12300 LIBERTY BLVD.
CITY-ST-ZIP ENGLEWOOD, CO 80112

TITLE V
NAME BLAYLOCK, GARY
STREET ADDRESS 12300 LIBERTY BLVD.
CITY-ST-ZIP ENGLEWOOD, CO 80112

TITLE P
NAME CURTIS, MIRANDA
STREET ADDRESS 12300 LIBERTY BLVD.
CITY-ST-ZIP ENGLEWOOD, CO 80112

TITLE V
NAME HOLLIS, GRAHAM E
STREET ADDRESS 12300 LIBERTY BLVD.
CITY-ST-ZIP ENGLEWOOD, CO 80112

TITLE AV
NAME NOSLER, DAVID
STREET ADDRESS 12300 LIBERTY BLVD.
CITY-ST-ZIP ENGLEWOOD, CO 80112

TITLE S
NAME TANABE, CHARLES
STREET ADDRESS 12300 LIBERTY BLVD.
CITY-ST-ZIP ENGLEWOOD, CO 80112

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Blaylock/VP

Date

720-875-5308

Daytime Phone #