

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90116 035 ***150.00

0016121 AB

DOCUMENT # F98000004551

1. Entity Name
STARMEDIA NETWORK, INC.

Principal Place of Business

Mailing Address

STARMEDIA NETWORK, INC.
75 VARICK ST
NEW YORK NY 10013

STARMEDIA NETWORK, INC.
75 VARICK ST
NEW YORK NY 10013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

StarMedia Network Inc.

Cameras #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29 West 36 St., 3rd Fl

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10018

USA

4. FEI Number

06-1461770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Michael Hartman

Feb. 20, 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	HELLER, STEVEN J	
STREET ADDRESS	75 VARICK STREET	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NARCISO, ENRIQUE	
STREET ADDRESS	75 VARICK STREET	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESPUELAS, FERNANDO	
STREET ADDRESS	75 VARICK STREET	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEGAL, SUSAN	
STREET ADDRESS	75 VARICK STREET	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, FREDERICK	
STREET ADDRESS	75 VARICK STREET	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MACEDONIA, JUSTIN R	
STREET ADDRESS	75 VARICK STREET	
CITY-ST-ZIP	NEW YORK NY 10013	

TITLE	VPP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ana Maria Lozano, Ana Maria</i>	
STREET ADDRESS	<i>29 W. 36 St.</i>	
CITY-ST-ZIP	<i>New York NY 10018</i>	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Narciso, Enrique</i>	
STREET ADDRESS	<i>29 W. 36 St</i>	
CITY-ST-ZIP	<i>New York NY 10018</i>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Espuelas, Fernando</i>	
STREET ADDRESS	<i>29 W. 36 St.</i>	
CITY-ST-ZIP	<i>New York NY 10018</i>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Segal, Susan</i>	
STREET ADDRESS	<i>29 W. 36 St</i>	
CITY-ST-ZIP	<i>New York, NY 10018</i>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Wilson, Frederick</i>	
STREET ADDRESS	<i>29 W. 36 St</i>	
CITY-ST-ZIP	<i>New York NY 10018</i>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Hartman, Michael</i>	
STREET ADDRESS	<i>29 W. 36 St</i>	
CITY-ST-ZIP	<i>New York NY 10018</i>	

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:

Michael Hartman

2/20/02 212 905 8388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)