2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90087 046 ***150.00

DOCUMENT # F99000000376

1. Entity Name

PEARSON TELEVISION LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
1621 BAY ROAD #805 MIAMI BEACH FL 33139	1621 BAY ROAD #805 MIAMI BEACH FL 33139-3260

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5200 BLUE LAGOON DR	5200 BLUE LAGOON DR.
Suite, Apt. #, etc.: SUITE 420	Suite, Apt. #, etc.: SUITE 420
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33126-7001 Country: USA	Zip: 33126-7001 Country: USA

4. FEI Number ~~APPLIED FOR~~ 13-3615735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINNE, PETER
1621 BAY ROAD #805
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: TOMAS GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 5200 BLUE LAGOON DRIVE

SUITE 420

City: MIAMI FL Zip Code: 33126-7001

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: Tomas Gonzalez TOMAS GONZALEZ, GENERAL MANAGER
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CP DEL TUFO, ANTHONY 445 PARK AVE. 20TH FLOOR NEW YORK NY 10022	☒ Delete	PRESIDENT BOB TURNER 1330 AVE OF THE AMERICAS NEW YORK NY 10019	☒ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOFFMAN, PHILIP 445 PARK AVE. 20TH FLOOR NEW YORK NY 10022	☒ Delete	~~HELEN FARNABY~~ SECRETARY HELEN FARNABY 1330 AVE OF THE AMERICAS NEW YORK NY 10019	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KELLER, RANDALL 445 PARK AVE. 20TH FLOOR NEW YORK NY 10022	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOWINR, SANDRA 445 PARK AVE. 20TH FLOOR NEW YORK NY 10022	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T QUSEY, IAN 445 PARK AVE. 20TH FLOOR NEW YORK NY 10022	☐ Delete	TREASURER QUSEY, IAN 1330 AVENUE OF AMERICAS NEW YORK NY 10019	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PINNE, PETER 1621 BAY ROAD #805 MIAMI BEACH FL 33139	☒ Delete		☐ Change	☐ Addition

CR2E034 (9/99)

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: X _____ 4/27/00 (561) 611-2457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #