

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000376

1. Entity Name

PEARSON TELEVISION LATIN AMERICA, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90206 014 ***150.00

Principal Place of Business

5200 BLUE LAGOON DR
STE 420
MIAMI FL 33126-7001

Mailing Address

5200 BLUE LAGOON DR
STE 420
MIAMI FL 33126-7001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3615735

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

GONZALEZ, TOMAS
5200 BLUE LAGOON DR
STE 420
MIAMI FL 33126-7001

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

Signature, typed or printed name of registered agent and time 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, 2001 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 P
NAME TURNER, BOB
STREET ADDRESS 1330 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019 ☒ Delete

TITLE P/D
NAME Gluck, Douglas
STREET ADDRESS 5200 Blue Lagoon Dr 4200
CITY-ST-ZIP Miami, FL 33126 ☐ Change ☒ Addition

TITLE S
NAME FARNABY, HELLEN
STREET ADDRESS 1330 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019 ☒ Delete

TITLE S
NAME Gonzalez, Tomas
STREET ADDRESS 11170 SW 59 Terrace
CITY-ST-ZIP Miami, Florida 33173 ☐ Change ☒ Addition

TITLE T
NAME OUSEY, IAN
STREET ADDRESS 1330 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE C/D
NAME Ousey, Ian
STREET ADDRESS 1330 Ave of the Americas
CITY-ST-ZIP New York, NY 10019 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME Festa, Lou
STREET ADDRESS 1330 Ave of the Americas New York, NY
CITY-ST-ZIP 10019 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V/MD
NAME Gonzalez, Carlos
STREET ADDRESS 201 Crandon Blvd. Apt. 541
CITY-ST-ZIP Key Biscayne, Florida 33149 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR 034 (10/00)