

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90204 007 ***150.00

0197034 AV

DOCUMENT # F99000000376

1. Entity Name

FREMANTLE PRODUCTIONS LATIN AMERICA, INC.

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GONZALEZ, TOMAS**
CITY-ST-ZIP **11170 SW 59 TERRACE
MIAMI FL 33173**TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **OUSEY, IAN**
CITY-ST-ZIP **1330 AVE OF THE AMERICAS
NEW YORK NY 10019**TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FESTA, LOU**
CITY-ST-ZIP **1330 AVE OF THE AMERICAS
NEW YORK NY 10019**TITLE ☐ Delete
NAME **VMD**
STREET ADDRESS **GONZALEZ, CARLOS**
CITY-ST-ZIP **201 CRANDON BLVD APT 541
KEY BISCAYNE FL 33149**TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GLUCK, DOUGLAS**
CITY-ST-ZIP **5200 BLUE LAGOON DR 420
MIAMI FL 33126**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Gonzalez, Tomas**
CITY-ST-ZIP **10000 SW 79 Court
Miami, Florida 33156**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 empowerments.

SIGNATURE:

Tomas Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Tomas Gonzalez****1/11/02**
Date**(305)267-0821**
Daytime Phone #

CR2E034 (9/01)