

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90074 027 ***150.00

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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

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, TOMAS 10000 SW 79 COURT MIAMI FL 33156	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OUSEY, IAN 1330 AVE OF THE AMERCAS NEW YORK NY 10019	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FESTA, LOU 1330 AVE OF THE AMERICAS NEW YORK NY 10019	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD GONZALEZ, CARLOS 201 CRANDON BLVD APT 541 KEY BISCAYNE FL 33149	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLUCK, DOUGLAS 5200 BLUE LAGOON DR 420 MIAMI FL 33126	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Tomas Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)