2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000005320

RADIO UNICA COMMUNICATIONS CORP.



Principal Place of Business

Mailing Address

8400 N.W. 52ND STREET, SUITE 101 MIAMI, FL 33166

PLANTATION, FL 33324

8400 N.W. 52ND STREET, SUITE 101 MIAMI, FL 33166

FILED

Jul 19, 2004 08:00 AM

Secretary of State

DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent

|--|--|

07022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0856900

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD IN THIS SPACE

| | named entity submits this statement for the pu ons of registered agent. | rpose of changing its registere | d office or re | gistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | | |
|---|---|---------------------------------|--------------------------------|--|---|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if epolicable (NOTE Registered Agent signature required when reinstating). | | | | | | | |
| FILE NOWILL FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finan Trust Fund Contribution. | | cing 🔲 | \$5.00 May Be Added to Fees | in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. | OFFICERS AND DIRECT | | | ************************************** | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CC BLAYA, JOAQUIN 8400 N.W. 52ND STREET, SUITE 101 MIAMI, FL 33166 | - Augustine | | - | 000000357140 07/19/04-80012-020 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CANCELA, JOSE C 8400 N.W. 52ND STREET, SUITE 101 MIAMI, FL 33166 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | VSDC DAWSON, STEVEN E 8400 N.W. 52ND STREET, SUITE 101 MIAMI, FL 33188 | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GOLDMAN, ANDREW C 8400 N.W. 52ND STREET, SUITE 101 MIAMI, FL 33166 | ·= | | IN ' | THIS SPACE | | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | D COLODY, MARK 460 LEXINGTON AVENUE NEW YORK, NY 10017 | | | | - | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | D LAPIDUS, SIDNEY 466 LEXINGTON AVENUE NEW YORK, NY 10017 | - | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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: