



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90022 021 \*\*\*150.00

<b>DOCUMENT # F99000006239</b> 1. Entity Name <b>RADIO TELEVISION INTERAMERICANA S.A. RTI S.A.</b>																													
Principal Place of Business <b>2745 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>			Mailing Address <b>2745 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																											
4. FEI Number <b>NOT APPLICABLE</b>				Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02232004      Chg-P      CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent  <b>BARRERA, IGNACIO 2745 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>WILLS, Patricia</b> Street Address (P.O. Box Number is Not Acceptable) <b>7355 NW 41ST.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33166</b>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLS, PATRICIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2745 PONCE DE LEON BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	WILLS, PATRICIO		STREET ADDRESS	2745 PONCE DE LEON BLVD.		CITY-ST-ZIP	CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">WILLS, Patricia</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WILLS, Patricia</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7355 NW 41ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33166</td> <td></td> </tr> </table>			TITLE	WILLS, Patricia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WILLS, Patricia		STREET ADDRESS	7355 NW 41ST.		CITY-ST-ZIP	Miami, FL 33166	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #