## 2004 FOR PROFIT CORPORATION

## Mar 12, 2004 8:00 am **Secretary of State** ANNUAL REPORT DOCUMENT # F99000006239 03-12-2004 90022 021 \*\*\*150.00 1. Entity Name RADIO TELEVISION INTERAMERICANA S.A. RTI S.A. Sentagga Principal Place of Business Mailing Address 2745 PONCE DE LEON BLVD. 2745 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02232004 Cha-P City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.:Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent wills Paterio BARRERA, IGNACIO Address (P.O. Box Number is Not Acceptable) 355 NW 41 おい 2745 PONCEDE LEON BLVD. CORAL GABLES, FL 33134 City Zip Code 33166 لترمده 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE WILLS, PATRICIO سألك , المحادث NAME NAME 2745 PONCE DE LEON BĹVD. STREET ADDRESS STREET ADDRESS 1355 NW 415T. CORAL GABLES, FL 33134 Miami, FL 33166 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change . Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 supplimental 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 required to true and accurate and that my signature 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachtight with an address, with all other like impowered.

Date

Daytime Phone #

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachr

SIGNATURE:

FILED