

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011329

1. Entity Name

LATIN MULTIMEDIA INVESTMENTS, L.L.C.

Principal Place of Business

% 901 PONCE DE LEON BOULEVARD, SUITE 603  
CORAL GABLES FL 33134

Mailing Address

% 901 PONCE DE LEON BOULEVARD, SUITE 603  
CORAL GABLES FL 33134

2. Principal Place of Business

2745 Ponce de Leon Blvd

3. Mailing Address

2745 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables 33134

Zip

33134

Country

DADE/USA

Zip

33134

Country

DADE/USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H

901 PONCE DE LEON BOULEVARD, SUITE 603  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

MARCOS SANTANA

Street Address (P.O. Box Number is Not Acceptable)

2745 PONCE DE LEON BLVD

City

CORAL GABLES FL

Zip Code

33134

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 acceptable if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME SANTANA, MARCOS  
STREET ADDRESS % 901 PONCE DE LEON BOULEVARD, SUITE 603  
CITY-ST-ZIP CORAL GABLES FL 33134

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10. ADDITIONS/CHANGES

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 MAY 11 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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