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OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 9.00 Walk in Certified Copy Will wait Certificate of Status Mail out Photocopy NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawai Domestication Merger Other REGISTRATION/ OTHER FILINGS 300004741003---12/27/01--01021--007 QUALIFICATION Annual Report ****155.00 ****155.00 Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(9/92)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR LATIN AMERICA MEDIA, FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name or the Limited Liability Company is: LATIN AMERICA MEDIA, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 95 Merrick Way, Ste. 600, Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

| Signature: | AS O | |
|----------------------------------------------------------------------|---------|--------------------|
| The name and the Florida street address of the registered agent are: | DEC DEC | 7 |
| X OSE BORDA | 27 F | |
| 95 Merrick Way, Ste. 600 | F.S. | رسب گرسی د ج |
| Florida street address (P.O. Box NOT acceptable) | | |
| Coral Gables, FL 33134 | 0 m | |
| City, State, and Zip | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act In this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Article IV - Management (Check box If applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company. The names and addresses of the Managers are: JOSE BORDA, 95 Merrick Way, Ste. 600, Coral Gables, FL 33134, SABRINA CROW, 95 Merrick Way, Ste. 600, Coral Gables, FL 33134 and MICHAEL ZELLNER, 95 Merrick Way, Ste. 600, Coral Gables, FL 33134.

(An additional article must be added if an effective date is requested)

X

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

X José Borda

SOSE BORDA

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing was acknowledged before me this __day of ____day of

Dearhen, 2001, by JOSE Bonda, who has produced

his then 2 11 driven by cente as identification and who did take an oath.

My Commission Expires:

MANUEL CHONG CUAN, JR.

State of Florida

My Comm. Exp. April 8, 2002 NOTARY PUBLIC, STATE OF FLORIDA

Comm. #CG 732292

THIS INSTRUMENT WAS PREPARED BY: MANUEL CHONG CUAN, JR., ESQ.

Attorney at Law 1105 SW 87th Avenue Miami, Florida 33174 Tel. (305) 264-4542