2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000190

1. Entity Name
SPANISH MEDIA BROADCASTING L.L.C.

FILED
2001 MAY -2 PM 6:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
3191 CORAL WAY	2828 CORAL WAY
Suite, Apt. #, etc. SUITE 1000	Suite, Apt. #, etc. SUITE 110
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33145 Country USA	Zip 33145 Country USA

4. FEI Number 65-0888912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADIB EDEN 9415 SW 144th ST. MIAMI, FL 33176	Name ANTHONY T. LEPORE ESQ. Street Address (P.O. Box Number is Not Acceptable) 18145 SW 5th CT City PEMBROKE PINES FL Zip Code 33029

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: _____ ANTHONY T. LEPORE 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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-05/29/01--01004--004
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE MGR NAME REYES, GERARDO STREET ADDRESS 8431 SW 84th AVE CITY-ST-ZIP MIAMI FL 33143 ☒ Delete	TITLE PRES / MGR NAME CHRIS KORGE STREET ADDRESS 230 PALERMO AVE CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition
TITLE SECT NAME LEVIN, HERBERT STREET ADDRESS 525 ALHAMBRA CIRCLE CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete	TITLE TREASURER / MGR NAME ANDRES CANTOR STREET ADDRESS 2828 CORAL WAY #110 CITY-ST-ZIP MIAMI, FL 33145 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE V.P. / MGR / S NAME ADIB EDEN STREET ADDRESS 2828 CORAL WAY #110 CITY-ST-ZIP MIAMI, FL 33145 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (11/00)

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: _____ ADIB EDEN 4/25/01 305-446-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #