

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M01000001445

1. Entity Name

TELEMUNDO MUSIC PUBLISHING, LLC

02 MAY 28 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2290 WEST 8TH AVE.
HIALEAH FL 33010

Mailing Address

2290 WEST 8TH AVE.
HIALEAH FL 33010

2. Principal Place of Business

Suite, Apt. #, etc.

40 Corporate Tax Department

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

40 Corporate Tax Department

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1119608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

Apr-23-2002 (305)884-8200

Date

Daytime Phone #

CR2E083 (9/01)

0029688