

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

00457 0

DOCUMENT # M01000002438

1. Entity Name

LOTUS/ENTRAVISION REPS LLC

04-02-2002 90964 023 *****55.00

Principal Place of Business

**6290 SUNSET BLVD., STE. 1500
 LOS ANGELES CA 90028**

Mailing Address

**6290 SUNSET BLVD., STE. 1500
 LOS ANGELES CA 90028**

2. Principal Place of Business

7083 Hollywood Blvd

3. Mailing Address

7083 Hollywood Blvd

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

Los Angeles, CA

City & State

Los Angeles, CA

4. FEI Number

95-4871909

Applied For

Not Applicable

Zip

90028

Country

USA

Zip

90028

Country

USA

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTUS HISPANIC REPS CORP.	NAME	
STREET ADDRESS	6290 SUNSET BLVD., STE. 1500	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90028	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTRAVISION COMMUNICATIONS CORPORATION	NAME	
STREET ADDRESS	2425 OLYMPIC BLVD., STE. 6000	STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)

IRENE COVARRUBIAS - CONTRAOLERA 3/18/2002

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

Date

Daytime Phone #

CR2E083 (9/01)