FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M62838** **(1)**

1. Corporation Name
UNITED BROADCASTING CORPORATION

Principal Place of Business	Mailing Address
2920 NW 7TH ST. MIAMI FL 33125 US	2920 NW 7TH ST. MIAMI FL 33125 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1987
3a. Date of Last Report: 06/13/1994

2. Principal Place of Business 21 2920 NW 7th Street	2a. Mailing Address 26 2920 NW 7th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl. 33125	City & State 28 Miami, Fl. 33125
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0017500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO P.A.
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~-DP-~~	1.1 TITLE	D/P	☑ Change ☐ Addition
NAME	~~-FERREIRA-NETTO, JOAQUIN A.~~	1.2 NAME	Joaquim A. Ferreira Netto	
STREET ADDRESS	~~-601 N. VENETIAN DR. #407~~	1.3 STREET ADDRESS	c/o 2920 NW 7th Street	
CITY-ST-ZIP	~~-MIAMI BEACH FL~~	1.4 CITY-ST-ZIP	Miami, Fl. 33125	
TITLE	~~-DV-~~	2.1 TITLE	D/VP	☑ Change ☐ Addition
NAME	~~-CAMARGO, MARTHA LOPES~~	2.2 NAME	Martha Lopes Camargo	
STREET ADDRESS	~~-601 N. VENETIAN DR. #407~~	2.3 STREET ADDRESS	c/o 2920 NW 7th Street	
CITY-ST-ZIP	~~-MIAMI BEACH FL~~	2.4 CITY-ST-ZIP	Miami, Fl. 33125	
TITLE	~~-D~~	3.1 TITLE	VP/S	☐ Change ☐ Addition
NAME	~~-OLOON, GILDO A.~~	3.2 NAME	Maria F. Silveira	
STREET ADDRESS	~~-601 N. VENETIAN DR. #407~~	3.3 STREET ADDRESS	c/o 2920 NW 7th Street	
CITY-ST-ZIP	~~-MIAMI BEACH FL~~	3.4 CITY-ST-ZIP	Miami, Fl. 33125	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J M F Silveira 4/10/95 (305) 441-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

Maria F. Silveira, Vice President

0120078 CP