FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # M62838 1. Entity Name						05-01-2002 91610 004 ***150.00		
	UNITED BROADCASTI	NG CORPORATI	ON					
-	DO NOT WRITE	IN THIS S	PAC	CE,		3 2 2 4 4	• %	
2. Principal Place of Business 2920 N.W. 7 Street 2920 N.W. 7			7 St	'Street				
Suite, Ap	Suite, Apt. #, etc.	te, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta Minam	^{ate} i, Florida	City & State Miami, Florida			4.	FEI Number 65-0017500	Applied For Not Applicable	
Zip 3312	Country 5 USA	^{Zip} 33125	Cour		5.	Certificate of Status Desired	.75 Additional Required	
		·			7. N	ame and Address of Current Registered Ag		
DO NOT WOITE				Felix M. Diaz. Jr.				
DU NUI VVRIIE Street Add					ess (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				2920 N.W. 7th Street				
<u> </u>				City Mia	Miami FL Zip Code 33125			
8. The above	e named entity submits this statement for	the purpose of changing its	register			ent, or both, in the State of Florida.	7.7.42.5	
SIGNATURE	Signature, typed or printed name of registered egent an	d title if applicable. (NOT	E: Registere	d Agent argnature requ	ired when re	onstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended U Make Check Payable				ee la \$150.00 la \$550.00 la \$61.25		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11,	OFFICERS AND D				-			
TITLE NAME	President		TITL NAM				1201	
STREET ADDRESS	Paul Stevens 2920 NW_7 St			ET ADORESS				
CITY-ST-ZIP	Miami, F1 33125	· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP		·	CR2E034B	
TIPLE NAME	Vice-President Felix M. Diaz, JR.		TITLE				RZE	
STREET ADDRESS	12920 NW 7 St	•		ET ADORESS			٥	
CITY-ST-ZIP	Miami, Fl 33125		CITY	-ST-ZIP				
TITLE	Secretary Judith Garcia	 	FITLE NAME					
	2920 NW 7 St Miami, Fl 33125			ET ADDRESS ST-ZIP		DO NOT WRITE		
TITLE			TITLE	1		IN THIS SPACE		
NAME Street Address (NAME	T ADDRESS		IN TIME OF ACE	•	
CITY-ST-ZIP				ST-ZIP			. 1	
TITLE			TITLE					
CAME STREET ADDRESS			NAME STREE	T ADORESS		·.	-	
CITY-ST-ZIP				ST-ZIP				
TITLE	<u></u>	:	TITLE			and the second of the second o		
NAME STREET ADORESS		·	NAME STREE	T ADORESS			· · · · · · · · · · · · · · · · · · ·	
DTY-ST-ZIP	No. of the No.	<u> </u>	CITY-	ST- ZIP		<u> </u>		
I3. I hereby c	ertify that the information supplied with th	is filing does not qualify for	the exen	notion stated in S	ection 1	19.07(3)(i), Florida Statules. I further certify tha	at the information	

indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH GARCIA

4-19-2002

(305) 642-7777