LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90022 031 ****50.00

DOCUMENT # M99000000148

1. Entity Name

AOL Latin America Management, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6600 N.Andrews Avennue	6600 N.Andrews Avenue
Suite, Apt. #, etc.: 400	Suite, Apt. #, etc.: 400
City & State: Fort Lauderdale	City & State: Fort Lauderdale
Zip: 33309 Country: USA	Zip: 33309 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 98-0198401 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Kelly, J. Michael 22000 AOL Way Dulles, VA 20166-9323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Sokol, Gerald Jr. 22000 AOL Way Dulles, VA 20166-9323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Bandel, Steven L. 550 Biltmore Way, Suite 900 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Pieretti, Cristina B. 550 Biltmore Way, Suite 900 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Aguirre, Javier 6600 N. Andrews Ave.,Ste.400 Fort Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Gonzalez, Jorge 6600 N. Andrews Ave.,Ste.400 Fort Lauderdale, FL 33309

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CR2E083B (12/01)

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: _____ Jorge Gonzalez 4-23-02 (954)689-3107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #