

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90585 019 \*\*\*\*50.00

DOCUMENT # M99000001919

1. Entity Name

CABALLERO SPANISH MEDIA L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

100 PARK AVENUE

3. Mailing Address

2090 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

5TH & 6TH FLOORS

Suite, Apt. #, etc.

SUITE 300

DO NOT WRITE IN THIS SPACE

City & State

NEW YORK, NY

City & State

WEST PALM BEACH, FL

4. FEI Number

13-3873754

Applied For

Not Applicable

Zip

10017

Country

USA

Zip

33409

Country

USA

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EDUARDO CABALLERO, MGRM  
100 PARK AVE., 5TH & 6TH FLOORS  
NEW YORK, NY 10017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RAMON PINEDA, MGRM  
100 PARK AVE., 5TH & 6TH FLOORS  
NEW YORK, NY 10017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WILLIAM J. MCENTEE, JR., CFO/VP  
2090 PALM BEACH LAKES BLVD., #300  
WEST PALM BEACH, FL 33409

TITLE  
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IN THIS SPACE**

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: X

WILLIAM J. MCENTEE, JR.

X

4/28/03

561-227-0600

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

Date

Daytime Phone #

CR2E083B (12/02)