


**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 Suite, Apt. #, etc. 5TH & 6TH FLOORS City & State NEW YORK, NY Zip 10017 Country USA		3. Mailing Address 2090 PALM BEACH LAKES BLVD Suite, Apt. #, etc. SUITE 300 City & State WEST PALM BEACH, FL Zip 33409 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3873754		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/02)

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* 5/28/03 561-227-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #