

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90180 020 \*\*\*158.75

DOCUMENT # *P01000076521*

1. Entity Name

*PUBLICIDAD SARMIENTO OF SOUTH FLORIDA, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*444 Brickell Avenue*

3. Mailing Address

*444 Brickell Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 600*

*Suite 600*

City & State

City & State

*Miami, FL*

*Miami, FL*

Zip

Country

*33131*

*USA*

Zip

Country

*33131*

*USA*

4. FEI Number

*65-1157008*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

*William G. Salim, Jr.*

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

*800 Corporate Drive, Suite 510*

City

*Fort Lauderdale*

**FL**

Zip Code  
*33334*

**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.

SIGNATURE

*William G. Salim, Jr.*

*William G. Salim, Jr.*

*4/16/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P/Dar's Person Eduardo Terranova 444 Brickell Avenue, Suite 600 Miami, FL 33131</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V/D Marcos Guillermo Victoria 444 Brickell Avenue, Suite 600 Miami, FL 33131</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V/D Barry Kutun 444 Brickell Avenue, Suite 600 Miami, FL 33131</i>
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that 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:

*Barry Kutun, Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/02*

*305-400-7355*

DATE

Daytime Phone #