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		3. Mailing Address	
444 Brickell Avenue		444 Brickell Avenue	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1157008 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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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

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: [signature] 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	P/D
NAME	Eduardo Terranova
STREET ADDRESS	444 Brickell Avenue, Suite 600
CITY-ST-ZIP	Miami, FL 33131
TITLE	V/D
NAME	Marcos Guillermo Victoria
STREET ADDRESS	444 Brickell Avenue, Suite 600
CITY-ST-ZIP	Miami, FL 33131
TITLE	V/D
NAME	Barry Kutun
STREET ADDRESS	444 Brickell Avenue, Suite 600
CITY-ST-ZIP	Miami, FL 33131
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

13. 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 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: [signature] Vice President 4/16/02 305-400-7355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #