2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003
Secretary of State

DOCUMENT# P02000109415

Entity Name: CABALLERO TV & CABLE REPS, INC.

Current Principal Place of Business:

299 ALHAMBRA CIRLCE
SUITE 402
CORAL GABLES, FL 33134

New Principal Place of Business:

299 ALHAMBRA CIRLCE
SUITE 510
CORAL GABLES, FL 33134

Current Mailing Address:

299 ALHAMBRA CIRLCE
SUITE 402
CORAL GABLES, FL 33134

New Mailing Address:

299 ALHAMBRA CIRLCE
SUITE 510
CORAL GABLES, FL 33134

FEI Number: 41-2063146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABALLERO, EDUARDO
299 ALHAMBRA CIRCLE
SUITE 402
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

CABALLERO, EDUARDO
299 ALHAMBRA CIRCLE
SUITE 510
CORAL GABLES, FL 33134

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: _____ 01/10/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: SPENGLER, PETER J
Address: 299 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P/D ( ) Change (X) Addition
Name: CABALLERO, EDUARDO
Address: 299 ALHAMBRA CIRLCLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP/D ( ) Change (X) Addition
Name: STAFFORD, PETER J
Address: 299 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP/D ( ) Change (X) Addition
Name: CABALLERO STAFFORD, ROSAMARIA
Address: 299 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSAMARIA CABALLERO STAFFORD VP/D 01/10/2003
Electronic Signature of Signing Officer or Director — Date