

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90018 015 \*\*\*550.00

**DOCUMENT # P95000088189**

1. Entity Name  
**EC HISPANIC MEDIA, INC.**



Principal Place of Business 2127 BRICKELL AVE. #3401 MIAMI FL 33129	Mailing Address 2127 BRICKELL AVE. #3401 MIAMI FL 33129
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00100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>13-2750586</b>	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CABALLERO, EDUARDO**  
**2127 BRICKELL AVE.**  
**#3401**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CABALLERO, EDUARDO</b>	
STREET ADDRESS	<b>2127 BRICKELL AVE. #3401</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CABALLERO, RAQUEL</b>	
STREET ADDRESS	<b>2127 BRICKELL AVE. #3401</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>STAFFORD, ROSAMARIA</b>	
STREET ADDRESS	<b>319 HENLEY</b>	
CITY-ST-ZIP	<b>BIRMINGHAM MI 48009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eduardo Caballero* **REduardo Caballero** 9/12/00 (305) 6480065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)