

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -5 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P95000091876

1. Corporation Name

LATIN AMERICAN MULTIMEDIA SERVICES, INC.

600010061906
01/13/03--01097--017 **750.00

REINSTATEMENT 02-03

2. Principal Office Address
2645 EXECUTIVE PARK DR

3. Mailing Office Address
301 ALMERIA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#159

3

City & State

City & State

WESTON, FL

CORAL GABLES, FL

Zip

Country

Zip

Country

33331

USA

33134

USA

4. Date Incorporated or Qualified To Do Business in Florida 11/30/95

5. FEI Number

Applied For

65-0667848

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARLOS SALGADO

800011798398

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

2400 N. COMMERCE PKWY

02/05/03--01011--013 **150.00

Suite, Apt. #, Etc.

307

City

WESTON

State

FL

Zip Code

33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/13/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CARLOS SALGADO	1825 PONCE DE LEON BLVD	CORAL GABLES FL 33134

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/02

Date

9542145376

Daytime Phone #